CERTIFICATE OF DEATH

13646

	3030)							Reg. Di	st. No.	202
1. PLACE OF DEATH o. COUNTY Washington			MAR	YLAND	o. STATE			lived. If institution b. COUNTY		ce before a	dmlssion)
RURAL and give no		s, write	c. LENGTH OF STAY		F3			ole limits, write R	URAL and g	give neorest	town)
d. NAME OF HOSPIT OR INSTITUTION	IMIT FAL (If not in hospital, g	ive street	2/ year	8	d. STREET AD	ngers DRESS	COMIT			0. 15	S RESIDENCE ON A FARM?
Washing	ton Co. Ho	spita	1		11 Mad	ison	Avenue)			S NO
3. NAME OF DECEASED (Type or print)	fie John	37	Michae	_	Barne	c	4. DATE OF DEATH	Mon	th c. 12	Day	Yeor 19 57
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI		DATE OF BIRTH			9. AGE (In years tost birthday)		1 YEAR IF	UNDER 24 HRS.
Male	White	WIDOWI	DIVORCI	ED 🗍	Apr. 1		94	63 yrs.	Months 7	25	ours Min.
during most of world	ON (Give kind of work king life, even if retired	}			Y 11. BIRTHPLA	CE (Stote o	or foreign co	untry)			HAT COUNTRY
Treating F	Ingineer	K	oppers Co.	and the second s		aide,			U.	.S.A.	
3. FATHER'S NAME					14. MOTHER'S A						
Joh	m Barnes					Doro	thy Ma	arkus			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR {II yes, give war or dates of s	BEALCO]	SOCIAL SECURITY NO		DRMANT	m-m,		Add			
NO L		1 2	14-09-3817	7 Mr	s. John	Barn	es, Ha	agerstown	n, Md.	•	
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	, (excurre	ia c	Coope	ofu	a			ONSET	AND DEATH
Conditions, if o gave rise to i cause (o), staling	mmediole (-	Repros	Ren	Preum	one	2_			('we
lying cause lost.) (0										
PART II. OTH	HER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DE	EATH BUT NO	OT RELATED TO	THE TERMIN	VAL DISEASE	CONDITION GIV	EN IN PART	P	VAS AUTOPSY ERFORMED? S NO
20a. ACCIDENT WAS OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	OCCURRED.	(Enter nature of	injury in P	ort I or Port	It of item 18.)			
20c. TIME OF INJUR Hour o.m. p. m.	lY Manth, Day, Ye 19	ar 20d. It While at wor	NOI while of work	20e. PLACI	E OF INJURY (H ry, street, office	ome, form, bldg., etc.	20f. (City	or town)	(0	County)	(State)
21. I certify to	attended the	deceas	-7	t death a	ccurred at_			the causes of	and an th		the decease
ACTUAL	Syl HAV	Ken	n	M.I	1594	1.Wz	sleng	the &	Hors	8 Am	wel 12/
PHYSICIAN'S NAME (Type)											
270. BURIAL, CREMATIC REMOVAL (Specify)			22c. NAME OF CEM					ION (City, town,		had.	(Stole)
Burial 23. FUNERAL DIRECTOR	12-74-7	75/	Rose Hi	LI Cen	etery	240 0500	Hage:		strar's sic		
(mx	Ruch-	·	Hagouta	in S	210	A	17100	-n Del	0114	1300	Jana/
Suter-Ron	izer Funera	L Hon	ne / was	1. 11	ecc.	Minne	1 1474	10100	4161		

CUSTINICATE OF BEATH

BUREAU V. S.

DEC SU 1025

RECEIVED

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13637 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13647

Reg. Dist. No.302

Washington	MARYLAND	e STATE	b. County	nce perore somission)
B. CITY OR TOWN (If outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16		corporate limits, write RURAL and	give negrest town)
Hagerstown	8 Yrs	Hagerstown	•	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos		d. STREET ADDRESS	<u> </u>	e, IS RESIDENCE
1100 West Washington	St	/ 1100 Wes	t washington	St YES NO X
3. NAME OF DECEASED (Type or print) RUSSELL	Middle JOSEPH	BEACH 4. DAT		Doy Year 6 19579
5. SEX 6. COLOR OR RACE 7. MARRIE	DEKNEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years IFUNDER	
Male White WIDOWER	DIVORCED A	ug 28 1904	53 yrs. Months 1	Days Hours Min.
10b. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired) Barber	ind of Business or Industr Retired	11. BIRTHPLACE (Stote or foreign farrisonburg		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Charles Beach		Susan T	avlor	
	social security no. 17. In 1-14-3052 MT	s Catherine B	each 1100 Was	t Wash. St
18. CAUSE OF DEATH [Enter only one cause per line f PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	,	hagerstown ko		INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gave rise to immediate cause (a), stating the underlying (c)	Geriosciero (10	coronary heart	ITRES 89	
PART H. OTHER SIGNIFICANT CONDITIONS CO				1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	HOW INJURY OCCURRED. (E	nter nature of injury In Part t or Pa	rt (af item 18.)	
6 Hour a.m. Mars 0 While		E OF INJURY (Home, form, 120f.) Iry, street, affice bldg., etc.)	City or tawn) (Cau	nty) (State)
21. I certify that I taok charge of the r	emgins described above	ve, held an Autapsy 🔲,	Inspection . Inquir	, and find that
death resulted fram: Natural causes	Accident . Suic	cide , Hamicide ,	Undetermined cause	
ACTUAL SIGNATURE & Hollest ne	ella	M.D. CHIEF MEDICAL EXAMINER	_	DATE SIGNED
EXAMINER'S S. Robert Wells	, M. D.	ASSISTANT MEDICAL EXAMINE DEPUTY MEDICAL EXAMINE	1/0-	4:16-57
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BUTIAL 12/18/57	abel Men. Ch		CATION (City, lown, or county) ROCKINGham Harrisonours	Co Va.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g. REC'D BY REC		NATURE
Andrew K. Coffman H	agerstown Mo	10	1957 John J HT	300 everse

VS. A15ME(5) 5M 9/55

BUREAU V. S.

DEC 83 1024

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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within 24 hours

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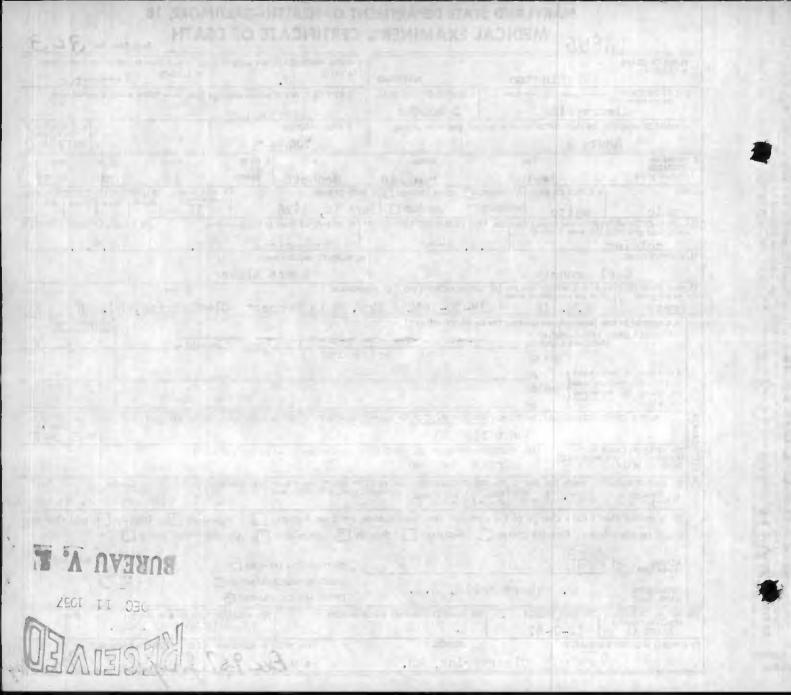
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DOMERO V. J.

BUREAU V. S. 1953

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							NT OF HEALTI			18	3649
		1.3	3695 MI	DICA	LEXAMIN	ER'S	CERTIFICAT	E OF	DEATH	Reg, Dist, N	6.303
111	1, 1	LACE OF DEATH	Washings		24.4834		2. USUAL RESIDENCE (M	/here deced	sed lived. If Institu	ν	,
	-	CITY OF TOWN 115	Washingt		c. LENGTH OF STAY		Md.				ngton
	1	and give necrest town)		e KUKAL			c. CITY OR TOWN (IF			KUKAL and give	negrest town)
	-		earspring	If not in hour	2 months		d. STREET ADDRESS	sprin	g		e. IS RESIDENC
00		Re	oute 2	ir nor in nosp	stot, give street doores	"	Route	2			ON A FARM
	-(NAME OF DECEASED	Fir	nt .	Middle		Lost	4. DATE OF	Mont	h Daj	y Year
		Type or print)	Paul		Frankl	-	Bennett	DEATH	12	4	VI.
	5. 5	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	□ B.	DATE OF BIRTH		9. AGE (In years lent birthday)	Months Days	Hours Min.
		male	white	WIDOWED	DIVORCED [lay 12, 1926		31 ya.	woutus Cdys	Picture Milli.
~	10a	USUAL OCCUPATIO	ON (Give kind of work g life, even if retired)	done 10b. Kl	ND OF BUSINESS OR	NDUSTR	Y 11. BIRTHPLACE (State	ar fareign	country)	12. CITIZEN C	OF WHAT COUNT
TA		soldier		II.	S. Army		Cumberla	nd	_Md.	II.	S.A.
4	13.	FATHER'S NAME				1	14. MOTHER'S MAIDEN N				
-		Car	1 Bennett				Agnes	Klir	1e		
1	15,	WAS DECEASED EVE	ER IN U. S. ARMED FO		OCIAL SECURITY NO.	17. IN	FORMANT		Address		
/	(Tels,	ves	(If yes, give war or dates of W.W. II		9-20-1652	Mr	s. Ruth Benr	ett	Clearspr.	ing Md.	R2
			TH [Enter only one can			1 114	34 Ruch Delli	1000	Ozcar Spr.	INT	ERVAL BETWEEN
		PART I. DEAT	H WAS CAUSED BY MMEDIATE CAUSE (0)		anexia du		o ethonal a	nd m	ethonal	011	SET AND DEATH
		Canditions, if an	ny, which) (b)								
		gave rise to Immed (a), stating the u									
		cause last.	(c)								
	Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEATH	BUTNO	OT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART 1(a)	
0	CATION			Mental	lv ill						YES NO
	CERTIFIC	20a. EXTERNAL CAU PRIMARY (2) or CON CAUSE OF DEATH.	JSE WAS NTRIBUTING	b. DESCRIBE		RED. (En	ler nature of injury in Part	I ar Part ti	l of item 18,)		
	3	20c. TIME OF INJUR				e. PLACI	E OF INJURY (Home, form	20f. (Cit	y or town)	(County)	(Stel
	MEDICAL	a belle xx m.	Dec. 3 19	57 While	Nat white	-	y, street, office bldg., etc.		Rural C	learsprin	ag. Wash
		2). I certify the	of I took charge				e, held on Autopsy				
							ide 🗷, Homicide				p viio mia
		/			,	-	La, Homicide	L. 0	indetermined (.0036	
-		ACTUAL	1 Suffe	est	neepo)	CHIEF MEDICAL EX	AMINER	1		DATE SIGNED
2		SIGNATURE	1000			1	M.D. ASSISTANT MEDICA	_			
		EXAMINER'S NAME (Type)	S. Rob	ert We	lls, M.D.		DEPUTY MEDICAL E			12-6-	70
	220	BURIAL, CREMATION REMOVAL (Specify) DUTIAL	12-7-57)F 2	ST. PAULS	RY OR C	REMATORY		SHINGTON		(State)
-63	23.	FUNERAL DIRECTOR'S	S SIGNATURE		ADDRESS		24a. REC'L	BY REGIS	TRAR 24b. REGIS	STRAR'S SIGNATU	IRE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr. Bell 13638 CERTIFICATE OF DEATH

Coffman-Hagerstown,

13650

Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY Washington b. COUNTY MARYLAND Washington Maryland b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest fown) Hagerstown R#6 week Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARMS Paramount Washington Co Hospital YES NO T NAME OF Middle 4. DATE Month Year DECEASED GERTRUDE MAY BERGER DEATH Dec. (Type or print) 19 57 9. AGE (In years loss birthday) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Female WIDOWED TA DIVORCED [Sept. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Housewife Funkstown-Wash. Co. Md USA Own Home 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Virginia Fry David G. Barnhardt 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Pauline A. Price-375 Belvidere None No INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Cerebral Thrombosis aavs IMMEDIATE CAUSE (o) **DUE TO** Generalized Arteriosclerosis Years. Conditions, if ony, which gove rise to immediate DUE TO couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPS'S PERFORMED? Diabetes Mellitus for 6 years. YES NO NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20d, ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) (State) (Counly) foctory, street, office bldg., etc.) Hour o.m. Not while of work at work 1957 Dec. 26. Nov. 21. I certify that I attended the deceased from. olive on Dec and that death occurred of \$00P M, from the couses and an the date stated above. ADDRESS (Street, city or town, state) N. Potomac Street, ACTUAL SIGNATURE PHYSICIAN'S A. Bell. Hagerstown, Maryland. NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Lutheran Cemetery Leitersburg-Wash 23. FUNERAL DIRECTOR'S SIGNATURE 240, REC'D BY REGISTRAR

Maryland

V5 A15 [4]

CHUTHCATE OF DEATH

THEY A &

• DEC 18 102\

BECEINED

		12	630	CERTIF	IC/	ATE OF DE	ATH	l .		Reg. Dis	t. No.	30>
1,	PLACE OF DEATH	Vashing ten	9 () 9	MARYLA	UND	2. USUAL RESIDENT	CE (WH		lived. If instituti b. COUNTY	on: Residenc	• before	
Г	b. CITY OR TOWN RURAL and give	(If outside corporate lim	its, write	c. LENGTH OF STAY IN	1 1b	c CITY OR TOW	/N (if o	utside corpo	rote limils, write f	URAL and g	ve neare	st town)
L		agerstown		3 weeks		A F	unk	stowa				
	OR INSTITUTION	ingten Co.	_			d STREET ADDR		altim	ore			IS RESIDENCE ON A FARM? YES NO A
	NAME OF DECEASED (Type or print)	Fi Ot:	nt he	Middle	B	ierlev		4. DATE OF DEATH	Moi 12		12	Yeor 19 57
<u> </u>	SEX	la. COLOR OR RACE		IED ☐ NEVER MARRIED		8. DATE OF BIRTH			P. AGE [In years	IF UNDER	YEAR IF	UNDER 24 HRS.
	male	white	WIDOWI	_	a- 1	Oct. 15. J	L871		last birthday) yrs	Months	Doys I	Hours Min.
100	during most of we retire	rking life, even if retired	45	kind of Business or oliceman	INDU			n, Md	*-		S.A	WHAT COUNTRY
13	FATHER'S NAME					14. MOTHER S MA		_				
L		acob H. Bie					y El	len L	eckrone			
	WAS DECEASED EV	ER IN U. S. ARMED FOI		SOCIAL SECURITY NO		NFORMANT	7			ress	Ma	
L	no		119	one	MI	s. Eva Kes	sseı	ring	nager	stown,	Mu.	
		ATH [Enter only one c							_		ONSE!	VAL BETWEEN
		ATH WAS CAUSED BY: IMMEDIATE CAUSE (URF	MIA DUE TO	CHE	SONIC PYELO	ONEP	HKTTT	S		12/	3/51
	600,0	DO CO	_		. 1		0			J	1	
	Conditions, if	immediate (rioscleroti	c r	reart disea	ase	Gen.	artsc	Lerosi	.5	
	couse (o), stoling	the under-										
,	lying couse lost			monary emph							1 122	
Į.	PART II. Q			CONTR BUTING TO DEAT	H BUT	NOT RELATED TO THE	ETERMII	NAL DISEAS	E CONDITION GIV	VEN IN PART		PERFORMED?
Ş	20. 400000000			d cystitis		D 45 4 4 1 1 1	7 . B		. 0 . 6 2 10 1		Y	res K NO
CERTIFICATION	FOR CONTRIBUTING	/AS UNDERLYING □ G □ CAUSE OF DEATH Y MEDICAL EXAMINER)	206 063	CRIBE HOW INJURY OCC	UKKE	U. [Enter noture of in]	lock in L	art I of For	TILOT (TEM 15)			
MEDICAL	20c. TIME OF INJU		1		Oe. Pi	ACE OF INJURY (Homotory, street, office bld	e, form,	20f. (City	or town)	(C	ounty)	(Stote)
MED	Hour e.m.	16	While of wor	k of work	10	citity, street, office big	49., e.c.,	1				
	21. I certify t	that Lattended the	deceas	ed fram Novem	bei	16 19 57	o De	ecembe	r 12 1957	that I le	nst saw	the decease
	170	cember 11	. 19 4			occurred at 1						
		1 = .		· ·					treet, city or town,		c dare	DATE SIGNE
	ACTUAL SIGNATURE	Licher	1 6	pulse	1	Ao.						12/13/
L	PHYSICIAN'S NAME (Type)	S. Novenate	in, Þ	f. D.		Funkst	own,	Mary	land			
22	REMOVAL (Specify			22c. NAME OF CEMET		R CREMATORY			TION (City, town,	or county)		(Stole) Md.
23	FUNERAL DIRECTO			ADDRESS		240	a REC'E	BY REGIST	RAR 24b AEG	STRAR'S SIG	NATURE	4.0
F	red W. Kr	aiss Ha	agers	town, Md.		p/n	De	134	10/676	ell	200	vesu

EURINA V. A.

DEC 10 2003

BECELASE!

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13696 **CERTIFICATE OF DEATH** Rea. Dist. No. director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) a. COUNTY Cunberland MARYLAND anna b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) e e RURAL and give nearest town) plant lamscort Mechanicsburg d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS a. IS RESIDENCE OR INSTITUTION ON A FARM? YES 🗍 NO 🏗 Honewood Church Home 4. DATE NAME OF Middle Loui Month Day Year DECEASED Dedember LARY (Type or print) DEATH BOBB 30 1957 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HPS last birthday) Months Daw Manuel 44 5 SEX 6. COLOR OR RACE 7 MARRIED T NEVER MARRIED 8 DATE OF BIRTH Months Hours DIVORCED | WIDOWED TO Female Janv 15 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (STONE OF TOP 101) 71 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Lechanicsburg Own Home Houdewife USA 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Cynthia Ann Martin Same Huntsberge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Homewood Church Home Records None Williamsport ...d. 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO any Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NOT 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH MEDICAL 20c TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) 20d INJURY OCCURRED (State) (County) factory, street, office bldg., etc) Hour a.m. While Not while at work at work 155 that I last saw the deceased , and that death accurred at M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type)

22c NAME OF CEMETERY OR CREMATORY

Chestnut

ADDRESS

Cenetery

22d LOCATION (C ty, tawn, or county)

-echanicsburg

240 REC'D BY REGISTRAR

Perina

Cumber:

245 SEG STRAR'S SIGNATURE

VS A15 (4) 15M 9/55

FUNER

220 BURIAL CREMATION.

Butial

23. FUNERAL DIRECTOR'S SIGNATURE

#3-5P

Cofinan Hager town

BUREAU V. S.

DEVIEW NAL.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13653**CERTIFICATE OF DEATH** Reg. Dist. No. 3 02 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) · COUNTY **b.** COUNTY b. CITY OR TOWN IIf outside corporale limits. C LENGTH OF STAY IN 16 c. CITY OR JOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give prorest town 6years d NAME OF HOSPITAL (IF d STREET ADDRESS . IS RESIDENCE YES NO NAME OF 4. DATE Middle Last DECEASED OF DEATH (Type or print) 19 0 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS Months April Days WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY (1). BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Public School Chambersburg Penna eacher- R.R. Clerk U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Eliza Ann Kuhn Henry Bowman IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Franklin Co Mrs. Sallie Bowman, Marion, 717-07-9342 Penna. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 450.1 DUE TO Conditions, if ony, which (b) gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES [NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, lEnter nature of injury in Port 1 or Port It of item 18.1 MEDICAL 20c TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d INJURY OCCURRED (State) (County) factory, street, office bldg., etc.) Hour o. m. While Not white. of work of work 21. I certify that I attended the deceased from A The L Ahat I last saw the deceased , and that death occurred at 10.30CM, fram the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED SIGNATURE PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town or county) REMOVAL (Specify) Dec. 20.1957 Norland Cem Chambersburg 0 23 FUNERAL DIRECTOR'S SIGNATURE Edootess Antietom TANDRECID BY REGISTRAR 246 REGISTRAR'S SIGNATURE Andrew K. Kauffman Hagerstown, Md



VS A15C 1-55 10M~

ATTE The box

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13640 CERTIFICATE OF DEATH

13654

	magi bisti jeu.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY (Vashington MARYLAND	STATE (a. COUNTY Franklin.
CITY (If outside corporete limits, write RURAL LENGTH OF STAY OR and plue nearest town) 1 (in this place)	CITY (If outside corporal a limits, write RURAL and give neerest town)
TOWN Hagerstown	TOWN State Line 75
HOSPITAL OR INSTITUTION OR	STREET (Il rural give location)
STREET ADDRESS JAY OCK Mem. Low, Jospila	11 State Line, 19.
3. NAME OF (First) (Middla)	(Lest) 4. DATE (Month) (Dey) (Year;
(Type or Print) DESSIE D. DRS	SWBAKER BEATH DEC. 10 1057
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE WIDOWED, DIVORCED, 4	
Temie White specify/Uldowed 5/	8/1869 88 yrs. Months Deys Hours Min.
10s, USUAL OCCUPATION (Give kind of work done during most of working lile, even if Off INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY.?
rollind) House Keeper Home	Etntrim IWP, 194, U.S.A.
13. FATHERIS NAME	14. MOTHER'S MAIDEN NAME
David Kunn	1 Esther Eby
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Leading Colors (1 1016	mary 6. Smith - State dine
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
420.0 IMMEDIATE CAUSE (A) - A2121	scloude bend dies Gen
ANTECEDENT CAUSEISI DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B)	1 × 2m, 72 /24, / Wh
GIVING RISE TO THE ABOVE CAUSE DUE TO	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	22/102 7:14:7
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO.
216. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, lactory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Stata)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21s. INJURY OCCURRED While Mile at work all work	21J. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from I Duc.	1957, to 166, 19.17, that I last saw the deceased
alive on 13 12 15 19 17 and that death occurred	av.2,20.C.M, from the causes and on the date stated above.
BIGNATURE	ADDRESS (Street, city, town, stele) DATE BIGNED
Gelle M.D.	agenty 12/11/10
23. ICHIAL, CREMATION, DATE THEREON NAME OF CEMETERY C	R CREMATORY (City, town, or county) STata)
- Duris 12/19/1957 Celler	House Kreenswelle, Ja,
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATENGEL 7140/ BRAIT (FORDER)	MG. Munich Streneaste
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within 24 hours of arr beath. Pode

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DIRECTOR:

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VS A15 (4)

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		5 .	Robut Well , h. 13641 CERTIFIC	CATE OF DEATH	13656
ge 4 with		-	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence	
direc	14		o. county shington MARYLAND	Lar land Tushington	
be of		1	b. CITY OR TOWN (If outside corporate limits, write RIPAL and give regrest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and g	ive nearest town)
ter de te fun nould		L	Hagerstown 16 Days	10	
ofte 2 sho	€ 6		d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	1009 Main Ave	on a farm? YES T NOXX
a p		-	NAME OF First Middle		
24 F	L		DECEASED (Type or print) FRANK EDGAR	CARBAUGH 4. DATE Month OF DEATH December 1.	Day Yeor 1957 19
thin ly fill		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER	TYEAR IF UNDER 24 HRS
d wi		L	lale white WIDOWED DIVORCED	June 14 1884 of 3 yrs. Months	Days Hours Min.
comit comit	1	10	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR IN during most of working life, even if retired)		ZEN OF WHAT COUNTRY?
and son g	, F	<u> </u>	Florist Retired	Welsh Run Franklin Co	USA
ie be corb	j	113	FATHER'S NAME	Marie King	
ficot		15	David R. Carbaugh was deceased ever in u. s. armed forces? 16. social security No. [17		
certical de la contra del contra de la contra del la contr	^	ď	former to realize an entire to the second to	pavid C. Carbaugh 658 N Pros	mect St
andin eose		F	18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	Hagerstown hda	INTERVAL BETWEEN
alle de			PART I. DEATH WAS CAUSED BY: WITH STATE CAUSE (a) CONTRACT SA	clearty Nurs Disense	ONSET AND DEATH
the The	3	П	420.0 DUE TO		
and by			Conditions, if any, which gave rise to immediate (b)	•	
quir signe	(1	N	couse (a), stating the under- lying couse last. (1934)	Tro X Dazo	11-10.57
w req icion. een si onsil		ķ		BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
phys phys as b iol-tr			hacture Lips Hune	rus 12-1-57	PERFORMED? YES NO DP
AN: Ti ending icate h the bur	5	CERTIF	20a. ACCIDENT WAS UNDERLYING A 20b DESCRIBE HOW INJURY OCCUP OR CONTRIBUTING A CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED (Enter nature of injury in Part I or Part II of Item 18.)	1
SICE Officer	É	MEDICAL		PLACE OF INJURY (Home, form, 20f (City or tawn) (C factory, street, office bldg, etc.)	aunty) (State)
PHY alog his of ruse		WED	Hour a.m. p. m. 19 While Not while at work at work	roctory, sireer, drive blog , etc.)	
ING Spit fer d fo	;	П	To certify file t difference the deceased from Fixed to	29, 1957, to Keel 1. 195 That 11	ast saw the deceased
R: A		L	alive on Old 1257, and that dec	oth occurred at 3/35 PuM, from the causes and an th	ie date stated abave.
ATT CTO #			ACTUAL S. d. 11 Dra O ATO	ADDRESS (Street, city or town, slote)	DATE SIGNED
OR ined DIRE			SIGNATURE SIGNATURE	_M.D	
TAIL Tel		L	PHYSICIAN'S DIDNEY MOVENST	EIN	
HOSP FUNE FUNE	D.	22	BUR AL, CREMAT ON, 22b. DATE THEREOF 22c. NAME OF CEMETERY		(Stote)
■ HC moy o FU page		20	Burial 12/4/57 Bunkard Cen		no lad
₩ WS A15 (4)		23		240 REC'D BY REGISTRAR 246 REGISTRAR'S SIG	Zaceress
TSM 9/\$\$			Andrew K. Coffman Hagerstown 1.	I TO THE ROPERTY OF	

DEC 00 1021

BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13642 CERTIFICATE OF DEATH Rea. Dist. No filed with Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) COUNTY a. STATE **b.** COUNTY MARYLAND Washington Marvland Washington death. runera b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) ě, RURAL and give nearest town) should Hagerstown Hagerstown d NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d STREET ADDRESS OR INSTITUTION West Washington Street YES NO Wash. Co. Hospita NAME OF 4. DATE Middle Year OF DEATH (Type or print) Pages Alovious Cashman 19 1.057 Edward nec. within 9. AGE (In years lost birthday) 5 SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HES 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH Months Don Hours WIDOWED | DIVORCED | Male White 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Store or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) On Ret. Round House Form Com Shamokin, Pa. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John Cashman Mary Healey 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 705-10-59 Mrs. Edward A. Cashman, Hagerstown, i.d. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā. PART I DEATH WAS CAUSED BY Carcinoma of the stomach with metastasis Indefinite IMMEDIATE CAUSE (o) DUE TO á קהם Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoling the underlying couse lost. **burial-transit** CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 179 WAS AUTOPSY PERFORMED? YES 🗍 NO 📆🕏 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18) WEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour a.m. While Not while of work 21. I certify that I attended the deceased from Oct. 29 Dec 6 _, 19_57,that I last saw the deceased December 6 , and that death occurred at 11:55th, from the causes and on the date stated above. ADDRESS (Street, city or town, slate) DATE SIGNED ACTUAL SIGNATURE 148 West Washington Street 12/9 О PHYSICIAN'S Kneislev Hagerstown, Maryland NAME (Type) FUNE 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial 72-70-7057 Rose_Hill Cemetery Hagerstown O 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR

's 'A ny, "0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

THEEVE A. S.

DEC

Reg. Dist. No. 302

1. PLACE OF DEATH		2. USUAL RESIDENCE (Who o. STATE	re deceased lived. If institutions Residence	befere admission)		
WASHINGTON	WASHINGTON WASHINGTON					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		stride corporate limits, write RURAL and giv	e neorest town]		
	HAGERSTOWN 4 DAYS X2 BOONSBORO					
d. NAME OF HOSPITAL (If not in hospital, give street		, d. STREET ADDRESS		. IS RESIDENCE		
WASHINGTON COUNTY	HOSPITAL	122 POTOM	AC STREET	ON A FARM? YES NOTE		
	Middle	Lost	4. DATE Month	Day Yeor		
DECEASED			OF	2000		
U LIDULI	BROWN	CLIPP		1957 19 YEAR IF UNDER 24 HRS		
	IED NEVER MARRIED	B. DATE OF BIRTH	lost birthdoy) Months D	gys Hours Min.		
MALE WHITE WIDOW		MAY 27 1881				
10a USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote of	or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?		
RETIRED FARMER GENE	RAL FARMING	SHARPSBUR	RG WASH.CO.MD. U.	S.A.		
13. FATHER'S NAME		14 MOTHER'S MAIDEN N	AME			
JOHN RANDOLPH CLI	מקי	ELTZA PET	TH HOFFMASTER			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		NFORMANT	Address			
[Yes, ne. or unknown] [If yes, give wor or dates of service]	3/0	RS.NELDA CL	IPP BOONSBORO MD.			
IB. CAUSE OF DEATH [Enter only one couse per lin		79 • INDILLIA LUI	IPP BOONSBORO MD.	INTERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY		at Tara and make a	anditani antam	ONSET AND DEATH		
IMMEDIATE CAUSE (o)	Thrombus of	the right	opliteal artery	1 week.		
4.50.0 DUE TO	eneralized a	ut and a call co		5 Yr. plu		
Conditions, if only, which I	eneralized a	rectoscier	0515	2 x1. pra		
gove rise to immediate DUE TO						
lying coute lost.		····				
PART II OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART I	(o) 19. WAS AUTOPSY PERFORMED?		
S Cerebral thrombo	sis with le	ft hemipleg:	ia	YES NO IN		
Y	CRIBE HOW INJURY OCCURRE					
	NJURY OCCURRED 20e PL	ACE OF INJURY (Home, form,	20f (City or lown) (Co	uniy) (Stote)		
Hour o.m. While	Not while fo	ctory, street, effice bldg , etc.		out!		
	0 0 1	0 00	10 50			
21. I certify that I attended the deceas	ed from October		Dec. 16 , 19 57, that I la	st saw the deceased		
olive on Dec. 16 19.5	, and that death	occurred of 10:5	M. from the causes and on the	date stated above.		
1/ 1/th. X/- W	in MI		ADDRESS (Street, city or town, stote)	DATE SIGNED		
SIGNATURE V		M.D. Shar	psburg, Md.	12/18/57		
PHYSICIAN'S Walter H. SI	nealy M. D.					
220 BURIAL CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, town or county)	(Slote)		
BURIAL DEC.19 1957			Y SHARPSBURG WASH			
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 246 RECOTRAR'S SIGN	ATURE		
12.017.19.10	. 1 . W	2d.	-172F0 /-744 1/4	3-001000		
Chart Hill Morne K	TOTIAUNCU 1	y muzz	21.178/16/1041/K	per up		

VS A15 (4) 15M 9/55

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BUREAU V. S.

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within 24 hours ofter

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



BUREAU V. S.

Hagerstown. d.

Www. a. Harst U.P.

ADDRESS

Hagerstown Md.

24q. REC'D BY REGISTRAR

24b.

REGISTRAR'S SIGNATURE

2 VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

F. Minnich & Son

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O HOSPITAL

within 24 hours ofter

executed

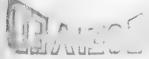
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VS A15 (4) 15M 9/55 0

MARYLAND STATI	E DEPARTMEN	TOF	HEALTH-BAL	TIMORE,	18
13647	CERTIFICATE	OF	DEATH		

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ea. Dist	- 1	Ď.	U	U	3
on Dist	No	σ	3	-	

					Kalli hitti Lidi.				
PLACE OF DEATH COUNTY Washin	rton	MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o STATE b. COUNTY 8.8hington						
b CITY OR TOWN	(If outside corporate limits, write	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)						
RURAL and give	erstown	4 Mos	Hagerst	Own					
d NAME OF HOSE	TAL (If not in hospital, give street		d STREET ADDRESS	OWII	IS RESIDENCE				
I OR INSTITUTION	1				ON A FARM?				
	irginia Ave		Saus VIT	ginia Ave	YES NO TO				
3. NAME OF DECEASED	First	Middle	Lost	4. DATE Moni	th Day Yeor				
(Type or print)	MARGARET	KATE	DASHER	Decemb	er 7 1957 19				
5 SEX	6. COLOR OR RACE 7. MARE	IED NEVER MARRIED	8 DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.				
Fenale	white widowi	D NORCED	Oct 16 187	3 84 yrs.	Months Doys Hours Min.				
10a USUAL OCCUPAT	ION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY?				
anting most of we	orking life, even if refired)		Hagersto						
12 FATHER'S NAME	OFK 1 (own Home	14. MOTHER'S MAIDEN N		USA				
19 PATRICK 2 NAME				_					
John			Martha	E. Rowland					
(Yes, no, or unknown)	/ER IN U. 5 ARMED FORCES? 16,		NFORMANT	Addr					
No	=	None E	phram E. hi	:ler 2003 Vi	rginia Ava				
18. CAUSE OF DE	EATH (Enter only one couse per lin		Hagerston		INTERVAL BETWEEN				
	ATH WAS CAUSED BY IMMEDIATE CAUSE (o)		nagers toy.	il hills	ONSET AND DEATH				
1- 2400	DUE TO		1001	11 1 2	-				
Conditions, if	ony, which } this C:	1. turn 2	A. A. A.	xing to me	2: 47 /6 5				
gove rise to		, ,							
couse (a), stating lying couse last	d the Audet-								
	. 10	ONTRIBUTING TO DEATH BUT	NOT PELATED TO THE TERMI	NAI DISEASE CONDITION GIVE	EN IN PART 1(a) 19, WAS AUTOPSY				
CATI				THE BISENSE CONDITION OF	PERFORMED? YES NO 🖸				
🚊 OR CONTRIBUTIN	VAS UNDERLYING (1) 206. DESC IG (1) CAUSE OF DEATH Y MEDICAL EXAMINER)	TRIBE HOW INJURY OCCURRE	D (Enter nature of injury in P	ort I or Port II of ilem 18)					
Z 20c. TIME OF INJU	JRY Month, Day, Year 20d. It	UURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f (City or town)	(County) (Slote)				
Hour o.m.	While	Not while for	ctory, street, office bldg., etc.		(county)				
P. m.	, of worl	k of work							
21. Ecertify	that I attended the decease	ed fram -2 - / -	, 195/to/	2 - 7 , 192	that I last saw the deceased				
alive an	2 = 5 192	, and that death	accurred at	_M, from the causes a	ind on the date stated above.				
	and the same of	74-		DDRESS (Street, city or town,					
ACTUAL		12	un' / . ' 5 .	. 7 /	har har har har har				
SIGNATURE			M.D	- Tetata bank talanda					
PHYSICIAN'S NAME (Type)	MAF K dal	1116 12	- t- t- 5-3	4: 64.71 7hy	1/2/2				
220. BURIAL, CREMATI	ON, 27b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, town, o	or county) (Stote)				
REMOVAL (Specify		Rose Hill	Cemetery	Hagerstown !	Tash Co Na				
23. FUNERAL DIRECTO		ADDRESS			PERAN'S SIGNATURE				
Andrew F	. Coffman Has	erstown Md-	die	9.1957 64	set Bowers				



BUREAU V. E.

DEC 30 1824

BECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13665 13649 **CERTIFICATE OF DEATH** 302 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY o STATE Washington MARYLAND shington arvland b. CITY OR TOWN (f outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) Weeks Hagerstown Hagerstown d. NAME Of HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? ash. YES | NAC TO X County Hospital .060 Dual 3. NAME OF 4. DATE First Middle Month Day DECEASED filled DEATH (Type or print) ANNA MARGARET DYCHE Dec 4 1957 19 5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 9. AGE (In years lost bit hday) IF UNDER TYEAR IF UNDER 24 HRS 8. DATE OF BIRTH Days DIVORCED | WIDOWED T Oct 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) TAL CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Own Home Paw Paw Morgan Housewife USA 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME MARY ROBINSON Thomas Robinette IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address No. None Margaret Spickler 730 W. agers.town CAUSE OF DEATH [Enter only one couse per lige for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH ď PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) eni 4221 DUE TO ۵ any Conditions, if ony, which gave rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PAST II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO [200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d INJURY OCCURRED (Stote) (County) factory, street, office bldg., etc.) Hour o m. While Not while at work ot work 50 . 1957 that I last saw the deceased 21. I certify that I attended the deceased fram. 7 P. M. fram the causes and an the date stated above. and that death accurred at DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) ARRISON 220. BURIAL, CREMATION, 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (State) REMOVAL (Specify)

Rose

ADDRESS LI

Hain

Cemetery

Hagerstown

24a . REC'D BY REGISTRAR

sh

24b/REGISTRAR'S SIGNATURE

VS A15 (4)

Buria.

23. FUNERAL DIRECTOR'S SIGNATURE

Andrew K. Coffman Hagerstown

within 24

DEVISED V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13650 CERTIFICATE OF DEATH Reg. Dist. No. 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) 1. PLACE OF DEATH COUNTY MASHINGTON be filed MARYLAND c. CITY OR FOWN (If outside corporate limits, write RURAL and give nearest fown) b. CITY OR TOWN (If guiside corporate limits, write r. LENGTH OF STAY IN 16 RURAL and give nearest fown)
ACERSTOW MINSTER phood NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENC ON A FARM RT. H HOSPITAL 1 ARULAND STATE YES NO NAME OF 4. DATE Middle Month Day DECEASED OF DEATH ELKINS DEC (Type or print) 9. AGE (In years IF UNDER 1 YEAR! IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthday) DIVORCED [WIDOWED M 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. HUUSE KEEPING HOUSE WIFE 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME IS WAS DECEASED EVER IN U. S ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. SAME. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY TERMINAL BRONCHOPNEUM DUE TO VASCULAR ACCIDENT Conditions, if any, which gove rise to immediate **DUE TO** ENSIONE GENERALISED ARTERIOSCLEROS couse (a), staling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED'A YES [NO D 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of stem 18) MEDICAL 20e PLACE OF INJURY (Home, form, 20f (City or town) 20c. TIME OF INJURY Day, Year 20d INJURY OCCURRED (State) (County) factory, street, affice bldg., etc.) Hour e. m Not while of work of work 1957, that I last saw the deceased 21. I certify that I attended the deceased from and that deoth occurred of 10.05 R.M., from the causes and on the date stated above. ADDRESS (Street, city or fown, state) ACTUAL PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial 10 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246 REGISTRARIE SIGNATURE

VS A1S (4)

ofter death,

BUREAU K. &

DECEINED

CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) o. COUNTY o. STATE **b.** COUNTY Washington MARYLAND Washington Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 15 yrs. Hagerstown Hagerstown d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 643 Pennsylvania Ave. Washington County Hospital YES NOD NAME OF First Middle Last 4. DATE Month Day Year DECEASED RUTH 1957 MADALYN **EVANS** 3 (Type or print) DEATH Dec. 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF RIRTH IF UNDER I YEAR IF UNDER 24 HRS. 9. AGE (In years last birthday) Months Days May 3, 1905 Female White WIDOWED I DIVORCED I yrs. 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Stores Dept. Fairchild Aircraft Garrett Co.Md. U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME George J. Poole Gertrude Harvey 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17. INFORMANT Address 219-20-3956 Mr. Mernie S. Evans 643 Penna. Ave. Hagerstown. Md. No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY 400 IMMEDIATE CAUSE (o) **DUE TO** Conditions, If ony, which gove rise to immediate DUE TO coese (o), stoting the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18) OR CONTRIBUTING LI CAUSE OF DEATH WEDICAL 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED [County) (State) foctory, street, office bidg., etc.) While Not write al work at work p. m. 19.2 ... that I last saw the deceased 21. I certify that I attended the deceased from R:30M, from the causes and on the date stated above. and that death occurred of ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S N. Potomac St. Hagerstown, Md. Robert F .Keadle NAME (Type) 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial Rest Haven Cemetery Hagerstown Md. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b_REGISTRAR'S SIGNATURE Rest Haven Funeral Chapel Inc. 1601 Penna. Ave.

Hagerstown.Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13653 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY TT & COUNTY o. STATE MARYLAND ashington Larvland ashington b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Week Hagerstown R # like stown d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OF INSTITUTION wsh. County mospital estern Pike YES TO NO 4. DATE Middle Month DECEASED OF DEATH (Type or print) HAYS December 15 19579 IF UNDER I YEAR IF UNDER 24 HRS 7 MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Male WIDOWED [7] DIVORCED | Dec 100 USUAL OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Retired Clear Spring USA 13 FATHER'S NAME George H. Frush Martha A. Repp 16. SOCIAL SECURITY NO. 17. INFORMANT Address None Mrs Alma A. Frush Hagerstown Ild. 18. CAUSE OF DEATH [Enter only one couse per lise for (o), (b), one (c) INTERVAL BETWEEN ONSET ANDIDEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Part II of item 18) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 120f. (City or lown) 20d. INJURY OCCURRED (County) (Stole) foctory, street, office bldg., etc.) Hour e. m. While Not while of work of work 21. I certify (that I attended the deceased fram 2000) 51... 195 That I last saw the deceased , and that death accurred at TLYLM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 SURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

Pauls Cemetery

Coffman Hagerstown ad.

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240 REC'D BY REGISTRAR

Spring Wash

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NAME OF

5. SEX

No

23. FUNERAL DIRECTOR'S SIGNATURE

DEC per 17

13670

Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY **b.** COUNTY o. STATE Washington MARYLAND Wash. b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Smithsburg rural rural Smithsburg 50 years d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS o. IS RESIDENCE RFD 2 RFD 2 YES NO 3. NAME OF DECEASED First Middle East 4. DATE DEATH (Type or print) Mark Westley 19 57 Garnand December 6. COLOR OR RACE 7. MARRIED . NEVER MARRIED . 8. DATE OF BIRTH 9. AGE in years IF UNDER TYEAR IF UNDER 24 HRS last birthday) DIVORCED April 13, 1886 mabe white WIDOWED [7] 10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if refired)

TRUCK TRUMET

MVersville, Md 12. CITIZEN OF WHAT COUNTRY? Myersville. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ezra Garnand Arbanna Baker 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, are war or dates of service) 213-24-9548 Gavin Garnand, Smithsburg. Md. no INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Acute coronary occlusion IMMEDIATE CAUSE (o) Generalized arteriosclerosis DUE TO Conditions, if any, which gove rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE YERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CATION PERFORMED? None NO X 20g. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of Item 18.) None 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) i 20f. (City or town) (State) (County) Not while 0.70. None 19 at work at work None 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes [X], Accident [], Suicide [], Hamicide [], Undetermined cause []. DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER [7] S. Robert Wells. M.D. **EXAMINER'S** 12-27-57 DEPUTY MEDICAL EXAMINER [74 NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or county) (Stote) REMOYAL (Specify) Welty's Cemetery Greensburg, 12-28-57 burial ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Scott F. Minnich & Son, Smithsburg, Md. DATE DEC 3 1 '57

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rificate, writing the ward to the Chief Medical Exam. DIRECTOR: Page 3 should

MEDICAL EXAMINER:

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IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES 🔲 NO 🖾

> > (State)

(Stote)

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Reg. Dist. No.

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutioni Residence before admission) a CQUNTY filed Shington MARYLAND ashington Maryland b. CITY OR TOWN (if autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) RURAL and give nearest lown) D Williamsport Hagerstown d NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS OR INSTITUTION Broadway liamsport Sanatorium NAME OF Middle 4. DATE Month DECEASED DEATH DEC ELIZABETH GLOSS 1957 (Type or print) CORA 5. SEX 6 COLOR OR RACE MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years day birthdoy) DIVORCED [Aug Female WIDOWEDXX 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY) 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) Housewife Own Home Sharpsburg Wash. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Anna Catherine Cookerly Jacob Myers 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Anna R. . Emmert 56 Broadway No Nowe 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),) a. PART I, DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) 11-4-5 A DUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) factory, street, affice bldg., etc.) Hour o. m. Not while at work at work 21. I certify that I attended the deceased from _______ ______ 1922___that I last saw the deceased plive on , and that death occurred at: M. from the causes and an the date stated above. ACTUAL SIGNATURE ă PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION, 226 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, fown, or county) REMOVAL (Specify) Buria. Hagerstown Lose Cemeterv O ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 246 REGISTRAR'S STONATURE Coffman Hagerstown

HOSPITAL 0

LULLU V. S.



CEMETERY

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24g, REC'D BY REGISTRAR

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24b~REGISTRAR'S, SIGNATURE

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23. FUNERAL DIRECTOR'S SIGNATURE (

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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7 05	13655 CERTIFICATE OF DEATH Reg. Dist. No. 362
director	1. PLACE OF DEATH O COUNTY (1) ashington MARYLAND 2. USUAL RESIDENCE (Whereprocessed lived If institution: Residence before admission) O. STATE AND b. COUNTY Wash.
funeral fuld be f	b CITY/OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) HAGERSTOWN C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) HAGERSTOWN
by the	of NAME of HOSPITAL UI not in haspital give street address Route 1- Clearspring e. 15 RESIDENCE ON A FARM? YES NO
n 24 ha	3. NAME OF DECEASED (Type or print) / e/son E/wood HORST DEATH Dec, 24 1957
ple Iy	5. SEX A COLOTOR PACE 7. MARRIED NEVER MARRIED 18 DATE OF BIRTH ON 19, 1951 ON birthdoy) WIDOWED DIVORCED 100 U. 19, 1951 Oys birthdoy) WIDOWED DIVORCED 100 U. 19, 1951 Oys Hours Min
execution on pope death.	10a. USUAL OCCUPATION (Give kind of work done done done done done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BURTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY for the done done done done done done done don
physician o	AMOS HORST Mary Ellen Martin
ing phy ing ing phy ing ing phy ing ing phy ing	15. WAS DICEASED EVER IN U. S. ARMED FORCES? 16. SORTIL SECURITY NO. 17. INFORMANT HOLD Address (18 yes, give wor or dries of service) ONE (Most Horst ROI-CEARSPRESS, M.
n attend en pleas at withir	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) PC UT & TO W-P74 (F WSD) 71 75 5 CH T S WKS
s that it is an it. The iny even	Conditions, if any, which) (b) Aster Acute tonsilletis + Upper.
require ian, n signer sit per	gove rise to immediate couse (o), stoling the under- lying couse lost. DUE TO (c) Bespir-ztory Jufertion / WK.
physici physici has bee rial-tran naval, c	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(3) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \text{NO} \)
Pending reficely the bu	20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
PHYSIR tol or of this cert in use of remation	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. pt. 19 While of work of work of work 19 Injury in the p. m. 19 While of work 19 Injury in the pt. m. 19 Inju
inding	21. I certify that I attended the deceased from 770 V 6, 1957, to 20 C 24, 1957, that I last saw the decease alive an 10.024, 1957, and that death occurred at 5P: M, from the causes and an the date stated above
ECTO ECTO De det rior to b	ACTUAL SIGNATURE Edwardw, Wittow M.D. 217 W. WAShington St. 12/26/
retain services strong	PHYSICIAN'S Edward W. Ditto III: M.D. Hagen's town Manyland
MOSPI MOY Be and be page 3 the regist	220. BURNAL, CREMATION, 22h. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (Cyty, town, or county) (Stole) 12/27/57 CERS Pring Menhonite Buy- CREAKS Pring, Md.
VS A15 (4) * 15M 9/55	13. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE



BUREAU V. E

JEC 30 1957

DEVENTED TO

VS A1S (4) 1SM 9/SS MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13656 CERTIFICATE OF DEATH

Reg. Dist. No. 1367

1.	PLACE OF DEATH			2. USUAL RESIDENCE (WH	ere deceased	lived If institution: Residence	e before admission)		
Mashington MARYLAND				Mar	yland	b. COUNTY TO a	shington		
	b. CITY OR TOWN (II RURAL ond give ne	autside corporate limits, write arest town]	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	Hager	stown	3 Yrs	Hage	rstow	m			
	d NAME OF HOSPIT	AL (If not in hospital, give street		d. STREET ADDRESS			IS RESIDENCE ON A FARM?		
L	OK INSTITUTION	55 E. Frank	lin St.	55 E. F	rankl	in St.	YES NO X		
3.	NAME OF DECEASED	First	Middle	Lost	4. DATE	Month	Day Year		
	(Type or print)	WILLIAM	FRANCIS	HOVIS	OF DEATH	December	11, 19 57		
5.	SEX	6 COLOR OR RACE 7 MAR	RIED REVER MARRIED	8. DATE OF BIRTH		9. AGE (In years IF UNDER lost birthday) Months	1 YEAR IF UNDER 24 HRS		
	Male	Thite wipow	ED DIVORCED	April 25,1		lost birthdoy) Months	Days Hours Min,		
10:	USUAL OCCUPATIO	N (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	or foreign co	untry) 12. CITI	ZEN OF WHAT COUNTRY?		
L	Forem	an-West Md.	R.RRetire			l.Co. Md.	USA		
13	FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME				
	mil:	liam H. Hovi	B	Mar	V	Flanagan			
15.	WAS DECEASED EVER	IN U S. ARMED FORCES? 16	SOCIAL SECURITY NO 17 I	NFORMANT		Address			
	No	70:	5-10-4766 M	rs. Ruth Ho	vis-5	55 E. Frankl	in StHag.		
		TH [Enter only one couse per li	ne far (o), (b), and (c).]				INTERVAL BETWEEN		
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)					ONSET AND DEATH		
	DUE TO .								
	Conditions, if ony, which) (b) (which) (conditions, if ony, which)								
	gove rise to in	nmediole (CANON / 1 CA	Lar de /	JAN.	Set View	10/		
	lying couse lost.	he under-							
z		ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERM	NAL DISEASE	COMPRION CUENTAL AL AL AL	TALL TO WAS ALSTONEY		
CATION	1	ER SIGNAL CONDITIONS	EGITABOTA TO DEATH BUT	NOT KENTED TO THE TEXAS	MAT DISTAST	CONDITION GIVEN IN PART	PERFORMED?		
	20g ACCIDENT WA	S LINDERLYING TI 205, DES	CRIBE HOW INJURY OCCURRE) (Fater polyce of inverse in F	Part Lor Part	II of dem 18 3	YES NO		
CERTIF	OR CONTRIBUTING	S UNDERLYING TO 206. DES TO CAUSE OF DEATH MEDICAL EXAMINER)	ense from hagair occornie	or famou novote or injury in t	411 7 07 1 071	The state of the s			
[₫	20c. TIME OF INJURY		to the	ACE OF INJURY (Home, form		or lown) (C	ounty) (Stole)		
MEDIC	Hour o.m.	19 Ol wor	Not while	clory, street, office bldg., etc.	1				
1				- 1256, 10/	12-1	1 / 7			
	7 %	at I attended the deceas	The second second second second			2-, 1927, that I le	ast saw the deceased		
	alive an	12-	, and that death			the causes and an th	e date stated abave.		
	ACTUAL A	(1 5/1)	17 7	~// '	ADDRESS (Sh	city or lawn, ligital	DATE SIGNED		
	ACTUAL SIGNATURE	in all	sun)	MO / TR	12/2	10 8 / Cg	(//3/17		
	PHYSICIAN'S	1 01	A 36	-///-	7	2-01.	13/		
L	NAME (Type)	he Mi.	Willio)	TIFIL	Later	in Mid	/13/57		
22	BURIAL, CREMAT OF	V. 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d LOCAT	ION (City, town of county)	(Stote)		
	REMOVAL (Specify)	12-14-57	Rose Hill	Cemetery		erstown-Was	, ,		
23.	FUNERAL DIRECTOR'S		ADDRESS		D BY REGISTI				
	Raywond	E. Creager T	has saw a mater. The		. 1 7/2	57 Breakts	gaueso		
	CONTROLLO	A. OTCHREL I	hurmont Fre	d Co. Dive		1 10	77		

S'A' AV.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the finite copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13702 CE

CERTIFICATE OF DEATH

	1	30	1	5	
.a	Man	3	0	4	1

Reg. Dist. No

1 2 HEHAL BESIDENCE (MOME) OF DECEMBED

COUNTY NASHINGTON MARY	
CITY (If outside corporate fimits, write RURAL LENGTH (OR end give neget town) (in this	
TOWN HANCOCK	YRS MOWN HANCOCK
HOSPITAL OR	STREET (II rurel give location)
INSTITUTION OR STREET ADDRESS	/ ADDRESS
3. NAME OF (Fight) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print)	HOYLE DEATH DER. 9, 1057
5. SEX 6. COLOR OR 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
FEMALE WHITE WIDOVED, DIVORCED,	Aug 19 1872 85 yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	SS 11. BIRTHPLACE (State or torgion country) 12. CITIZEN OF WHAT COUNTRY?
refired HOUSEWIFE	MORGAN (O. WIVA. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN HAME
JOHN W. SHADE	MARY (MILLER,
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SE	RA () 11 11 11 11 11 11 11 11 11 11 11 11 11
(Yes, no. or unk) (II Yas, give war or datas of service)	MRS. CARRIA PRYOR- HANCOCK, MW
E DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	EDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
1 IMMEDIATE CAUSE (A)	rary Helisian
ANTECEDENT CAUSE(S) DUE TO	101
DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE	Challes (M)
STATING UNDERLYING CAUSE LAST. DUE TO	A TOLIN - MOLANIA
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	VULLY XXXX
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	ALL LITANAVA
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	DN 20. AUTOPSY? YES NO
216. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Home, farm, factor	1 0 0
OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bidg., el	tc.)
	CURRED 211. HOW DID INJURY OCCUR? for white Very table
22. I hereby certify that I attended the deceased from	18 15, to 15 , that I last saw the deceased
	occurred at
BIGNATURE H	ADDRESS (Street, city, town, stele) DATE SIGNED
// lune / or	asso. Dukelly spungs W. Va 12-11-91
23. BURIAL, CREMATION, DATE THEREOF NAME OF	CEMETERY OR CREMATORY (Control of County) (Grate)
DURYAL 12-11-57 13,	ETHEL I GORGAN G. W. VA.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	45. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS
DATE 11/4 / / YELL &	1 Sty J. J. Hunter BERKELLES SES.

NECEDAL :

Z .V UABRUT

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13657

13676

303 Reg. Dist. No.

	1, -	PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (M	There dece	osed lived. If Institu	tion: Resid	lence bel	ore odmi	mion)
	ľ	a. COUNTY	mashing to	a	MARY	LAND	o. STATE ETVla	nd	P-COUNT	hing	tion		
7	Ł		outside corporate limits, write &		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside co	rporate limits, write	RURAL on	d give n	earest to	wn)
			rstown		D. O. A		03 Hagers	town					
	C		AL OR INSTITUTION (IF	not In hosp			, d. STREET ADDRESS	NO TELE		-		a. IS RE	ESIDENCE A FARM?
	Wash. County Hospital 249 Summit Ave									1 -	NO []		
		NAMÉ OF DECEASED	Fint		Middle		Lost	4. DATE	Month	1	Day	Y	106
		(Type or print)	ERNEST			JO	HNSON	OF DEATH	Dec 1	3 19	57	1	9
	5. 5	SEX	6. COLOR OR RACE 7	- MARRIEI	NEVER MARRIED	8. 1	DATE OF BIRTH		9. AGE (In years	IF UNDE	TYEAR	IF UND	ER 24 HRS.
		Male	White	VIDOWED	DIVORCED		Nov. 17,18	374	los) birthdoy) 83 yrs.	Months	Days	Hours	Min,
X	100	usual occupation work in S. Print	on (Give kind of work do hife, even if retired) ing Office	_	nd of Business or i	INDUSTR	Washingt			12. CI		F WHAT	COUNTRY
/	_	FATHER'S NAME					4. MOTHER'S MAIDEN N	IAME					
		Rudo	lph Johnso	าท			Harrie	tt I	hompson				
		WAS DECEASED EVE	R IN U. 5. ARMED FORC	ES7 16. S	OCIAL SECURITY NO.	17. INF	ORMANT		Address				
7	,,,,,	No				Ro	bert S. Jo	hnsc	n				
		18. CAUSE OF DEAT	H [Enter only one couse	per line fe	or (a), (b), and (c),]	-					INTER	VAL BETWE	EN .
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterioscleeis, generalized											
		4 . / Due to acute Coronary occlusion											
		Conditions, if any, which h											
		gave rise to immed (a), stating the u											
		couse last.	(c)				<u></u>						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART								87 1(n) P	P. WAS A	AUTOPSY BMED?		
Č.	ICAT			None							\	YES D	NO 🗌
	CERTIFICATION	20g. EXTERNAL CAU PRIMARY (1) or CON CAUSE OF DEATH.	SE WAS TRIBUTING [] 205,	None		RED. (Ent	er noture of injury in Port	l or Part i	l of item 18.)				
	MEDICAL	20c. TIME OF INJUR		20d. IN	JURY OCCURRED 20	le. PLACE	OF INJURY (Home, form, street, office bldg., etc.)	20f. (Cit	ly or town)	(Co	unty)		(Stote)
	MED	Hour a.m. p.m.	None 19	of wor	Not while at work	racion	none		-	f		-	
		21, 1 certify th	ot I took charge o	of the re	emains described	obavi	, held on Autopsy	/ 🔲 . 🗆	Inspection P,	Inqui	гу 🔲	ond f	find that
-		deoth resulted	from: Natural co	iuses 🗷	, Accident [],	Suici	de 🔲, Homicide	□, U	Indetermined c	ouse [].		
		1	N. Com	for	ne000-								
1		SIGNATURE	· Jours		acres		M.D. CHIEF MEDICAL EX	AMINER []	3.0	- 1. m	DATE S	IGNIED
ا ۾		EXAMINER'S	0 D 1	L 1/2 - 7	7 - 1/ 7)		ASSISTANT MEDICA	AL EXAMIN	ER 🔲	12-	14-5	1	
		NAME (Type)	S. Rober	C MeT	IB, MeD.		DEPUTY MEDICAL E	XAMINER	4				
	220	BURIAL, CREMAT OF	N, 22b. DATE THEREOF	3	22c. NAME OF CEMETE	RY OR C	~		ATION (City, town, o	or county)		(Stote	3)
		Burial	12/16/57	<u> </u>	orest Oak	Ce				Lont		_d	
		FUNERAL DIRECTOR'S		7.7	ADDRESS	1	240 REC'E	> BY REGIS	TRAR 246 REGIS	TRAR'S SI	GNATUE	E	44.6
	A	ndrew K.	Collman	H-Re	rstown Lo	1.	Bitele	2./60/	10 NO40	WIT	40	سوري	aspe

forward TO FUN VS A15ME(5) 5M 9/55

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any detay is necessary, please execute the certificate, writing the ward "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward to the Cillet medical Examinar's Office diametrial with form IM3. Page 5 may in retained for your personal to FUN AL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the regist prior to burial, cremation, or remayal.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. The registration pages 1 ms which is a page of the please remove carbon papers. Pages 1 ms 2 should be filled with the registration profest death.	ge 4		ctar,	with	The same
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by the hospital or attending physician and completely filled in by the funeral to page 4 do detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 to 2 should be the required prior to borial, cremation, or remarkel, and in any event within 72 hours offer death.	. Pa		dire	filed	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral page 3.4 do be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1.4 2 should the registral prior to burial, cremain, or remaind, or remaind, or remaind, or remaind.	leoth		neral	og c	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death ce set of the death ce may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending by the attending by the attended for use as the burial-transit permit. The registral prior to burial, cremotian, or removal, and in any event within 72.	rtifice		physi	E OVE	have
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the may be retained by the hospital or attending physician. ST TO FUNERAL DIRECTOR: After this certificate has been signed by the company of the page 3.7 d be detached for use as the burial-transit permit. Then the registral prior to burial, cremotian, or removal, and in any event	deo		offen	plec	With
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requirement may be retained by the hospital or attending physician. TO FUNEAL DIRECTOR: After this certificate has been signed by page 3.3. do be detached for use as the burial-transit per the registral prior to burial, cremptan, or removal, and in	es the		d by	mit.	ony e
TO HOSPITAL OR ATTENDING PHYSICIAN: The law rome may be retained by the haspital or attending physicians. ST TO FUNERAL DIRECTOR. After this certificate has been the certificate has been the programment of the detached for use as the burial-transit the registrat prior to burial, cremation, or remacial,	aquir	ć	signe	i per	2
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TO HOSPITAL OR ATTENDING PHYSICIAN: May be retained by the hospital or attending SET TO FUNERAL DIRECTOR. After this certificate May be retained by the detached for use as the by the registrat prior to boriot, cremation, or re	The !	d ph)	has	Jria-	DADE
TO HOSPITAL OR ATTENDING PHYSICI May be retained by the hospital or otte TO FUNERAL DIRECTOR. After this certif Page 3 4 do be detached for use as the registral prior to buriel, creaming.	AN	ndin	cote	he b	or re
TO HOSPITAL OR ATTENDING PHY May be retained by the hospital of Section 10 to FUNERAL DIRECTOR: After this Section 10 to 10	rsici	r offe	certif	t as t	fian,
MAY BOOK TO HOSPITAL OR ATTENDING MAY BE refaired by the hospi AND BOOK TO FUNERAL DIRECTOR: After SO FUNERAL DIRECTOR: After TO FUNERAL DIRECTOR: After TO FUNERAL DIRECTOR: After TO FUNERAL DIRECTOR: After TO FUNERAL DIRECTOR TO FU	PH	to lot	this	75 0%	remo
TO HOSPITAL OR ATTENION OF SECULAR OF SECULAR AND THE SECULAR AND THE SECULAR OF SECURAR OF SECULAR OF SECULAR OF SECURAR	DNIG	haspi	After	ed fr	iol, c
MASS TO HOSPITAL OR AT MASS MASS MASS MASS MASS MASS MASS M	TEN	中	Ö	etach	bor c
TO HOSPITAL O may be retaine 12/6 WS? 12/6 WS? 12/6 WS? 14/6 PS?	RAI	d D	RECT	Peq	ior k
AS VIS (4)	AL O	Maine	3	P	ar pr
OF O	TIMS	be 2	NER	33.4	egistr
VS A15 (4) 15M 9/5S	OHO	mdy	5	Bod	the r
15M 9/5S	F	rs i	415	[4)
	1	5M	9/	55	

	3			Keg. Dist. No.				
1. PLACE OF DEATH a. COUNTY Washington	MARYLAND	STATE Maryla	nd b COUNTY	on: Residence before odmission) Washington				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HASEISCOWN	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF of Funks)	utside corporate limits, write R town	URAL and give nearest town)				
d. NAME OF HOSPITAL (If not in hospital, give street acord institution Washington County Hos		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO				
3. NAME OF First DECEASED (Type or print) John W	Middle 71111am Joh	lost NSON	4. DATE Mer OF DEATH Dece	and the same of th				
5. SEX 6. COLOR OR RACE 7. MARRIE	ED NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours Min.				
Male White WIDOWED 100 USUAL OCCUPATION (Give kind of work done 10b, K during most of working life, even if retired)		AT. 7. 187		12 CITIZEN OF WHAT COUNTRY?				
Clerk 13. FATHER'S NAME	Mfg. Plant	Leitersb						
William Johnson		Ann						
(Yes, no, or unknown) [If yes, give wor or dates of service]	OCIAL SECURITY NO. 17. INFO	ormant s. John He	lmer Funk	stown Md.				
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Conditions, if any, which gave rise to immediate cause (a), stating the under lying couse last. (c)	Jeverali	sed an	Tomas d	lescase :				
PART II. OTHER SIGNIFICANT CONDITIONS CO				ZEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO				
	RIBE HOW INJURY OCCURRED. (Enter nature of injury in P	art 1 or Part II of item 18.)					
Ö Hour a. ri. While	Not while at wark	E OF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City or tawn)	(County) (State)				
21. I certify that I attended the deceases		55, 19 la /	Her 8, 1957	,that I last saw the deceased				
alive on Deed 1, 1957, and that death occurred at 9:050 M, from the causes and on the date stated above ADDRESS (Street, city or town, steps) DATE SIGNET SIGNATURE SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE DATE SIGNET SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE DATE SIGNET SIGNATURE SIGNATURE ACTUAL SIGNATURE SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE SIGNATURE ACTUAL SIGNATURE SIGNATUR								
PHYSICIAN'S RoberTU.L	· Campbel	1	la gensta	in md.				
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 12-10-57	2c. NAME OF CEMETERY OR C Funkstown Ce	metery	22d tocation (City, fawn, or Funkstown	or county) (State) Md				
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	STRAR'S SIGNATURE				
Scott F. Minnich & Son	Hag. Md.	106.00	11.1957 640	1/4/19 messers				

A. V. Unanted

DANIESE:

within 24 hours after death. Page

that the

HOSPITAL

0

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

HIMEVO K. T.

DEC TO THE

VS A15 (4) 15M 9/55

		1.	365	9 CERTIFIC	ATE OF DE	ATH		Reg. Dis	1. No. 3	05	
	COUNTY WASH	INGTON		MARYLAND	2. USUAL RESIDEN O. STATE MD	•	eceased lived. If inst b. COUI	itution Residenc	• before odmi	ssion)	
	RURAL and give net	outside corparate limi prest town)	ts, write	c. LENGTH OF STAY IN 16	COLLA OR TOWN		corporate limits, wri	te RURAL and g	ive nearest tov	vn)	
	I NAME OF HOSPITA	TON CO. HO	SPITA	oddress)	d. STREET ADDR	RESS			ON	ESIDENCE A FARM? NO []	
	NAME OF DECEASED (Type or print)	MARY		Middle LIZABETH	KNODE Loss		NE .	Month I 2	IO Doy	Yeor 19 57	
5. F	EMALE	6. COLOR OR RACE WHITE	7. MARR	D NEVER MARRIED DIVORCED	DEC. 10,	I 8 95	9. AGE (In ye lost bishdo	1	Days Hours		
100		N (Give kind of working life, even if retired)	KIND OF BUSINESS OR INDI	MARYLA		eign country)		S.A.	T COUNTRY?	
13.	FATHER'S NAME	AT OMM			14. MOTHER'S MA	IDEN NAME					
16	ALBERT M	ALUTT	CEC2 14	SOCIAL SECURITY NO. [17	Georget	ta Lor		Address			
(Ye		f yes, give wor or dates of s	recures)		ISS HELEN	KNODE		ORGE ST.	HAGER	STOWN,	
	PART I, DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO)	Paterias With	chatic Congleta	he,		e lune	INTERVAL BETWEEN ONSET AND DEATH		
7	Conditions, if any, which gove rise to immediate couse (a), stating the under. I by Congletwi failure 1 yr. Decouplement of any.										
CERTIFICATION	/-	typo ch	non		u (a'				PERF	ORMED?	
	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY /	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OCCURE	ED. (Enter nature of in	jury in Part 1	or Port II of stem 18.)			
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Month, Day, Ye	While	UURY OCCURRED 20e. F Not while of work	LACE OF INJURY (Homoclory, street, office blo	dg., elc.)	f. (City or town)	(C	ounty)	(Stote)	
	21. I certify the	at I attended the	decease	ed from Sept	1 , 1956, 1	· 1) R	C /O , 19	2_2,that 1 le	ast saw the	deceased	
	alive anD_s	2	, 19.5	22, and that deat	h occurred at				e date sta	ted above.	
	ACTUAL SIGNATURE	ilwar I	W. 8	THOTT	M.D. 8172	. 2 5	ESS (Street, city or to	wn, stote)	la	DATE SIGNED	
	PHYSICIAN'S NAME (Type)	dward	70.	Different	AN HAG	EKS	foun	MA	RULK	rad.	
220	BURIAL, CREMATION REMOVAL (Specify)				OR CREMATORY		LOCATION (City, to	• • • • • • • • • • • • • • • • • • • •		ote)	
22	burial FUNERAL DIRECTOR'S	12-13-5		Antietam Na			Sharpsburg	EGJETRAR'S SIG	Mo	1.	
	RED W. KRA		ERSTO		24	REC'D BY	REGISTRAR 246	Gest	Bress	120	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12000

IN INTERNA Y. Z.

DEC 1 DEC

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



FOR STATE *REALTH DEPT* Execute the certificate, witing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to, the functol director. Page 4 should forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. 10 FUNER DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Sid poord of Health, or its designated agent, prior to burial, cremotign, or temoval, and in any event within 72 haurs often dec.

\$ A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13661 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

8 1368 BUY Reg. Dist. No.

		PLACE OF DEATH	Vashington				2. USUAL RESIDENCE (* 1	lived. If institution b. COUNTY		
						RYLAND	Mary	land		Washi	
	0	and give nearest town)	ratown, Md	RURAL	c. LENGTH OF STA	yre	CCITY OR TOWN (Hagerst		RAL and give i	necrest fown)
y	d		AL OF INSTITUTION (I	f not in hosp	oital, g've sireet add	ress)	d, STREET ADDRESS			s	THE IS RE TOLINGE
0		Enroute	e to Washin	gton	County Ho	epital	401 N.	Jone than	n Street		YES NO TO
7	1	NAME OF DECEASED (Type or print)	Wilbert	1	Frank		Latney	4 DATE OF DEATH	Month Dec.	28 Doy	Year 19 57
	5. 5	EX	6. COLOR OR RACE	7. MARRIE	D NEVER MARK	IED 8	DATE OF BIRTH	9	AGE (In years IF	UNDER TYEAR	IF UNDER 24 HRS
		Male	Colored	WIDOWED		-	Aug. 10,190	78	49 yrs.	lonths Days	Hours Min.
1	10a d	USUAL OCCUPATION Bell	(Give kind of work of life, even if retired)	ione 10b. K	ind of Bus in e ss o Hotel	OR INDUSTR	Washingt	or foreign coun	dry) C •	12 CITIZEN O	OF WHAT COUNTRY? A
	13.	FATHER'S NAME	Frank I	atney			Mary	Brown			-
0	15. 17es.	WAS DECEASED EVE	R IN U. S. ARMED FOI (Il yes, give war or dates of t	Annual Constant	SOCIAL SECURITY N 14-09-067		ORMANT lbert Latne	y,Jr -4	Address Ol N. Jor Hagers		St-
i		18. CAUSE OF DEAT	H [Enter only one cau	se per line f	or (o), (b), and (c).				riafer's	TINTE	RVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: Acute coronary occlusion									ET AND DEATH
	OUE TO Vascular hypertension									8yrs	
		Conditions, if ony, which part immediate course to immediate cours									Oyre
		(o), stating the u	inderlying (c).								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)								P. WAS ALTOPSY		
0	STIK		I.						PERFORMED?		
	CERTIFICATION	70a. EXTERNAL CAU PRIMARY or CON CAUSE OF DEATH.	SE WAS ITRIBUTING []	b DESCRIBE no		URRED (Ent	er noture of injury in Po	rt t or Port II of	item 18.)		
	MEDICAL	20c. TIME OF INJUR	Y Month, Day, Yeo	White	NJURY OCCURRED Not while	20e PLACE factor	OF INJURY (Home, for, street, office bidg., etc.	n, 20f (City or :.)	town)	(County)	(Stote)
			at I took charge			ed obay	e, held on Autops	y . (nsc	pection by	Inquiry	and in my
							, Suicide [],			- 1 / hamped	,
- ·		ACTUAL SIGNATURE	Robert	7)	vell.	0	M D CHIEF MEDICAL E	XAMINER 🔲			DATE SIGNED
»!		EXAMINER'S	,				ASSISTANT MEDIC	AL EXAMINER	3	180	
		NAME (Type)	S. Rol	ert W	ells, M.D	•	DEPUTY MEDICAL	EXAMINER 🔼		12-3	0-57
	270	BURIAL CREMATION REMOVA (Special)	12-31-5		Rose Hil				N (City, fown, or o		(State)
	23	FUNERAL D RECTOR	SIGNATURE	, 2	ADDRESS		24o REC	D BY REGISTRAL	a region to take the district	officer or an example	RE;
	_(Jun 17	Walanc'	X	aglicion	n	nd Jan	2 101	- Che	04412	reverse
		V		7	4			77	78		Z

DECENAL.

		MARYLAND STATE DE	PARTM	ENT OF HEALT	H-BALTIMORE,	19000
٠.		13662 CE	RTIFIC/	ATE OF DEAT	H Dr wadd	ell Dist. No.
filed with		COUNTY	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived II institution to COUNTY	ion: Residence before admission)
2		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	STAY IN 1b	E. CITY OR TOWN (IF	autside corporate limits, write R	
Sha	-	I. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	-	Jo Hagers		e. IS RESIDENCE ON A FARM?
E .	1	AFCEASED	Aiddle	losi Cre	4. DATE MOR	YES NO Doy Year
oth.	5.	Type or print) DEBORAH EX 6. COLOR OR RACE 7 MARRIED NEVER N		AVSON B. DATE OF BIRTH	9. AGE (In years lost biethday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
ć.	10c	USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSIN	ORCED		357 yrs.	Months Days Hours Min.
bon pag	L	during most of working life, even if retired) Infant None FATHER'S NAME		Hagersto	wn Wash Co	d. USA
	L	Larry Lawson		Judi	th Foltz	
I how	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURIT no, or unphrown) [11 yes, give war or dates of service) None		arry Lawson	. 110 Greenmo	ount Ave
within		18. CAUSE OF DEATH [Enter only one couse per fine for (a), (b), on PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	beest	Hagerston	n.Ld.	INTERVAL BETWEEN ONSET AND DEATH
- × - ×		Conditions if you which) But To	int	timi		
in a		gove rise to immediate cause (a), stating the <u>under</u>	7			
aval, an	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 12 NO 1
or remo	CERTIFIC	200. ACCIDENT WAS UNDERLYING TO 206. DESCRIBE HOW INJUDENCE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRY OCCURRE	D. (Enter noture of injury in	Part I ar Part II of item 18.)	100 100
matian,	WEDICAL	20c. TIME OF INJURY Month, Day, Year And INJURY OCCURRE Hour a.m. While Not white of work of work of work	D 20e. Pi	ACE OF INJURY (Home, form clory, street, office bldg., etc	n, 201 (City or town)	(County) (State)
2 'lo		21. I certify that I attended the deceased from	423	/ 1957 to	all r	,that I last saw the deceased
r ta bur		ACTUAL A. M. BACCO F	that death	30 221	ADDRESS (Street, city or towns	and an the date stated above
prio		PHYSICIAN'S NAME (Type)		MB. Steact	Lown ?	l. 8.
e regist		BURIAL CREMATION, 27b. DATE THEREOF 22c. NAME OF		/	27d. ŁOCATION (City, Jawn,	7
4		UNERAL DIRECTOR'S SIGNATURE ADDRESS		Cenetery 240. REC	D BY REGISTRAR 246 REGISTRAR	STRAR'S SIGNATURE
5 (4) 7\$\$		endrew K. Coffmin Hagerstow	n I.d.	GRE-CA	-111010000	EU/XXV
	×	~×1/1/X,2				

BUREAU V. E. ST.

VS A1S (4) 1SM 9/SS

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

		1:	1704	CERT	IFIC/	AIE OF	DEAT	н			Reg. Di	st. No.	30	22-
1.	PLACE OF DEATH o. COUNTY	Washing	ton	MAR	YLAND	2. USUAL R o. STATE	ESIDENCE (V	Where dece	eased lived	d If instituti			e admissi	on)
	b. CITY OR TOWN (RURAL and give n I/18 ugans	If outside corporate li eorest town) Ville	mits, write	c. LENGTH OF STATE		e. CITY C	4.4	outside co		imīls, write R	URAL ond	give near	est town)
	OR INSTITUTION	Mennoni				d. STREE	RFD	#5				•	ON A YES	FARM?
3.	NAME OF DECEASED (Type or print)	LeRoy	First	Middle Kieffer		Lehma	lost N	4. DAT OF DEA		Mon De	c. 2	Day		957
	male male	white	WIDOW		ED 🔲	May 2	5, 18	375	8	SE (In years st birthday) 2 yrs	Months	Days	Hours	Min.
100	during most of wor	king life, even if retir	k done 10b. ed)	Dept. st			gerst	`		•	12. CI	TIZEN OF	WHAT	COUNTRY?
13.	FATHER'S NAME	m1 1 1 1	-	,		14. MOTHE	R'S MAIDEN				27.1	2 2 2		0.0
		Christi						1	lary	Elle	n Li	.ddl	екаі	arr
15. Ye	WAS DECEASED EVI	ER IN U. S. ARMED FI (If yes, give war or dates o	ORCES? 16. of service) 2	SOCIAL SECURITY NO 15-26-082	20	NFORMANT L. S	necke	enbei	rger	, Hag		ovm	, Mo	1.
		-		ne for (a), (b), and (c								INTE	T AND	TWEEN
		TH WAS CAUSED BY IMMEDIATE CAUSE		Hodgkin's	Di	sease.						77	mo.	\$
	201X	DUE	то											
	Conditions, if a		(b)											
)	catte (o), sloting		го											
z	lying couse lost.	HER SIGNIFICANT CO	(c)	CONTRIBUTING TO D	EATH BUT	NOT DELATED	TO THE TER	MINIAN DIS	EASE COL	IDITION CIV	CALIAL BAR	7.14.3 110	MAC A	LITOREY
ATIO	4			s and hy				MINACOIS	EASE COI	NOTITION GIV	EN IN TA	11(0)(1)	PERFO	RMED?
3131				CRIBE HOW INJURY				n Port Lor	Part II of	item 18.)			LES []	NO 💽
MEDICAL CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING AS UNDERLYING AS CAUSE OF DEAT MEDICAL EXAMINER	H											
ICAL		RY Month, Doy.		NJURY OCCURRED	20e. PL	ACE OF INJUS	Y (Home, fa	rm, 20f. (City or to	ws)	(County)		(Stote)
MED	Hour e.m.	15	While at wor		"	210/7, 311661, 0	tice biog., e	116-1						
	21. I certify ti	nat I attended ti	ner deceas	ed from May	8	195	7, ta 1	Dec.	2,	, 1957	that I	last sa	w the	deceased
	alive anD	ec. %,	12,5	and tha	t death	occurred	at3:00	DPM, f	ram the	e causes o	ind an t	he date	e state	d abave.
		STA	1	land		7.7	O 161			city or town,	stote)			TE SIGNED
	ACTUAL SIGNATURE	1/00	100	ell		M.D	9 N.	Pote	omac	St.		12	-3-5	o'7.
	PHYSICIAN'S NAME (Type)	R. A. B	ell,	M.D.		119	N. 1	otor	nac	St.,	Hage	rst	own	, lid.
22	REMOVAL (Specify	12-4-		22c. NAME OF CEA				22d. LC	CATION	(City, town,	or county)		(Stote)
20	burial	12,-4-	21	Rose Hi	11 (Cemete				stown	-			
	FUNERAL DIRECTOR		80 Ca	ADDRESS	a + a-	Tes Trans	- W	C'D BY REG	GISTRAR	245 REGI	STRAR'S SH	GNATURE	بعدر	20)
F,	JOOD O T.	PTTHITTCH	00 DO	n, Hager	5 607	Dul eliv	o 940820	5,3,5	1-01	faster	7/1/	ب ريسي		

TO A S.

ZSUT . .



			MARYL	AND ST	ATE DEPAR	MENT C	F HEALT	H-BALT	MORE, 1	8	136	S /1
	L		13	3705	CERTIF	CATE C	F DEAT	Н		Reg. Dist. No	67 M	
3.30	1	PLACE OF DEATH o. COUNTY Was	hington		MARYLAI	II A ST	L RESIDENCE (WATE		b. COUNTY	Residence befo Nashingt	re odmissio	on)
	Г		f outside corporate limit earest town)	ls, write c. l	LENGTH OF STAY IN				te limils, write Rt	JRAL and give nee	arest fown)	
4 7	ŢV d	d. NAME OF HOSPIT	AL (If not in hospito), g t Sanitariu			-1 [d. STREET ADDRESS 416 Jefferson St.					DENCE FARM? NO
		NAME OF DECEASED (Type or print)	Fin V ICT		Middle E ,	Y	Last INDER	4. DATE OF DEATH	Mont			9 5 7
	<u> </u>	Male		7. MARRIED	NEVER MARRIED	B. DATE O			AGE (In years lost birthday)	IF UNDER I YEAR Months Days		
1	100	. USUAL OCCUPATIO	ON (Give kind of work o		OF BUSINESS OR I	OUSTRY 11. B	IRTHPLACE (Stoh		71 yrs.	12. CITIZEN C		OUNTRY?
/	13.	Spotter FATHER'S NAME		Dr	y Cleaning	14. MO	Learspr THER'S MAIDEN	NAME		U.S.	Α.	
	15.	WAS DECEASED EVE	ard Linder		IAL SECURITY NO	7. INFORMAN	Mary Sha	affer	Addr	ess		
1	174	No Salies Of Dea	fit yes, give war or dates of se	214-0		Mrs.Bet	ty S.Gru	ber 416	Jeffers	on St. Ha		- HG
			TH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	(10,	r (o), (o), and (c) J	ra	010	pine		O N	2 ALL SET	WEEN LEATH
		Conditions, If o	ay, which (b)				V					
(1	4	catse (a), stating lying couse fast.)		<u> </u>						
3	CATION		IER SIGNIFICANT CON	DITIONS CONT	RIBUTING TO DEATH	BUT NOT RELA	TED TO THE TERM	AINAL DISEASE C	CONDITION GIVE	EN IN PART 1(o) 1	9. WAS AL PERFORI YES	MED?
	CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCU	RRED (Enter n	olure of injury in	Port I or Port II	of item 18.)			· · · · · · · · · · · · · · · · · · ·
	MEDICAL	20c. TIME OF INJUR Haur a.m.	Y Month, Day, Yea	While	Not while	PLACE OF IN factory, street	JURY (Home, fore), office bldg., et	m. 20f. (City of	r town)	(County)		(State)
		· ×	at attended the	deceased f	7 //	, 19	20, 10 ×	se y	,	that I last so		
		alive on S	Shiri	Ma		ath accurre	787		the causes a:	nd on the da		d abave.
1		ACTUAL SIGNATURE PHYSICIAN'S	Daniel	10.01		M.D	1/1/10	0.1 W	10mg	Y. UV.		برن
1	720				. NAME OF CEMETER	Y OR CREMATE	DRY MUL	22d. LOCATI	N (City, town, o	county)	(Stole)	
		REMOVAL (Specify)	12/6/57	7	Rest Hav	on Come	de a mir		erstown		Ma.	
4	23.	FUNERAL DIRECTOR			ADDRESS	en Ceme	<u>·</u>	O BY REGISTRA		TRAR'S SIGNATU		

CECT O O.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremation. Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If Institutions Residence before admission) o. COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? AGERSTOWN YES | NO. NAME OF 4. DATE OF DEATH Middle DECEASED (Type or print) 19 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED RIS B. DATE OF BIRTH 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. WIDOWED [3 10 1 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? I within 24 hours after d. Give Pages 1, 2, and PM3. Page 5 may be re and es 1 c 13. FATHER'S NAME. 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANI B. Give 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute gastro-enteritia IMMEDIATE CAUSE (a) aspirated vomitus and died during convulsive **DUE TO** seizure Conditions, if any, which along w burial-t gove rise to immediate couse DUE TO (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? Convulsions due to sub-dural hemorrhage (old) NO [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of Item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 20d. INJURY OCCURRED 20e PLACE OF INJURY IHome, form, 20c. TIME OF INJURY Month, Day, Year 120f (City or town) (County) (Stole) foctory, street, affice bldg., etc.) Hour While Not while O. m at work at work 21. I certify that I taak charge of the remains described above, held an Autopsy 🔀 Inspection X, Inquiry , and find that RECTOR: death resulted fram: Natural causes . Accident ... Suicide . Hamicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE Day 19-**EXAMINER'S** Robert Wells, M.D. DEPUT DEPUTY MEDICAL EXAMINER Z NAME (Type) 220 BURIAL CREMATION, 1226 DATE THEREOF 22d LOCATION (City, fown, or county) 23. FUNERAL DIRECTOR'S SIGNATURE VS. ATSME(S) 5M 9755

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUELLI W.

DEC , 1325

DECENALD

BUREAU V. S.

13687

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be relained by the hospital or attending physician.

TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and campletely filled up by the funeral director, page 3 fill be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 to 3 shauld be filled with the regiment prior to burial, cremation, or remayal, and in any event within 72 hours aftly death. 183

VS A15 (4) 15M 9/S5

1:	3663	CENTITIO	AIL OI D	LAII!			Reg. Dist. No	s. 302	
. PLACE OF DEATH			2. USUAL RESIDI	ENCE (Who	re decease	d lived If institution	n: Residence bef	ore admis	sion)
o. COUNTY Washington		MARYLAND	e. STATE	laryla	and	b. COUNTY	Wash	ingt	on
b. CITY OR TOWN (If outside corporate	limits, write	c. LENGTH OF STAY IN 16				erote limits, write RI			
RURAL ond give nearest lown) Hagerstown		3 days		Hager	cstow	1			
d NAME OF HOSPITAL (If not in hospit	ol, give street		d STREET AD		F 10 70 F 111			e. 15 RE	SIDENCE
Washington Count	y Hosp	ital	200	3 Vir	gini	a Ave.			NO K
NAME OF DECEASED	First	Middle	Lost		4. DATE OF	Moni	th D	σγ	Year
(Type or print) BLEANOR		CYNTHIA	MATTHEWS	;	DEATH	Decem	ber l	Ś	1957
SEX 6. COLOR OR RA	CE 7. MARE	RIED NEVER MARRIED	8. DATE OF BIRTH			9. AGE (In years lost birthdoy)	IF UNDER 1 YEAR		7
Female White	WIDOWI	ED DIVORCED	October	23.]	907	50 m	Months Days	Hours	Min.
 USUAL OCCUPATION (Give kind of w during most of working life, even if re 	ork dane 10b. tired)	KIND OF BUSINESS OR IND					12. CITIZEN		
Secretary -				a, Ne		L'IK.		J,S.A	• •
FATHER'S NAME			14. MOTHER'S	MAIDEN N	AME				
Ray Brown				K	Catie	Smith			
(es no as unknown) (II yes, give war or date		SOCIAL SECURITY NO. 17	INFORMANT			Addr	e 15		
no		93-20-3703 I	Mr. Howard	E. I	iatthe	ews Hage	rstown,	Nd.	
18. CAUSE OF DEATH [Enter only or PART I, DEATH WAS CAUSED		ne for (o), (b), and (c)]			1			TERVAL B	
IMMEDIATE CAUSED		broncho	reneus	nov	ud		-	<u>5 04</u>	eys
4-9/X DU	E TO		/						0
Conditions, if ony, which	(b)								
gove rise to immediate DU	E TO								
lying couse lost.	(c)								
PART II. OTHER SIGNIFICANT		CONTRIBUTING TO DEATH BE	UT NOT RELATED TO	THE TERMIN	VAL DISEAS	E CONDITION GIV	EN IN PART I(o)	19. WAS	AUTOPSY
									ORMED?
PART 11. OTHER SIGNIFICANT 20a ACCIDENT WAS UNDERLYING E OR CONTRIBUTING EI CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMIN	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter noture of	injuty in P	ort I or Po	t II of item 181			,
200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMIN	ÄTH					,			
20c TIME OF INJURY Month, Day, Hour o. m. p. m.	Year 20d. I		PLACE OF INJURY (H			y or town)	(County)	(Stote)
Hour o. m.	19 While	radi sauti6	foctory, street, office	bidg., etc.)	1				
p. m.	Or wor		-7 4-6	,	10- 1		7		
21. I certify that I attended	the deceas	_		, ta	ALEKE C	15 195	Cthat I last :	law the	decease
alive on Reg 5	<u>J.</u> 2_:	17, and that dea	th accurred at_	2.7	_M, fra	m the causes a	ind on the do	ate stat	ied abay
0.	1/			2	DDRESS (S	treet, city or town,	stote)	D	ATE SIGNI
SIGNATURE / CULL	Mai	resoul	M.D. 311	8 NI	orrif	fore	M 40	551	2-16
PHYSICIAN'S PAUL	HADA	21501	H		4	Ma	/		
				The said	. I.S. JOSE	1011/6			
REMOVAL (Specify)		22c. NAME OF CEMETERY	_			TION (City, town, o	r county)	(Sto	itej
Cremation 12/16	/1957_		Cemetery			nington,	D.	Ca	
Suter-Rouzer Funei	al Home	e transparent		240, REC'D	BY REGIS	TRAR 246 REGIS	STRAR'S SIGNATE	JKE	anol
Retroublin Pon	2 de	Hagerstown,	LICI .	DARGE.	37.17	0/10/10	417,122	sev	

BULLING A. R.

DEC TOTAL

HEALTH—BALTIMORE, 18 MARYLAND STATE DEPARTMENT OF 13688**CERTIFICATE OF DEATH** Reg. Dist. No. 303 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) e. COUNTY **b.** COUNTY MARYLAND Washington funeral CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (if outside corporate limits, write RURAL and give negretations) 8 RURAL and give nearest town) pla Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? 518 Stratford YES NO T NAME OF M-ddle 4. DATE Yeor DECEASED OF DEATH (Type or print) LAE 125 5. SEX MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER TYEAR IF UNDER 24 HRS TIEC FRYIAL C WIDOWED [DIVORCED [100 USUAL OCCUPATION | Give kind of work done | 10b KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLAGE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? Home NIPShire ..ousew ife 13. FATHER'S NAME Mary Shartholt Saac 15 WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address No Mrs Virginia Bell Highland MODE CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** pysloneplastic tilateral Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), sloting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO F 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED LEnter nature of injury in Part I or Part II of item 18) 20c, TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, | 20f (City or town) Doy, Year 20d INJURY OCCURRED (County) (Stote) Not while factory, street, office bldg, etc.) Hour om. While of work of work Dec. 3 19.5.7. that I last saw the deceased 21. I certify that I attended the deceased from __ , and that death occurred at 502 P. M. from the causes and on the date stated above. ADDRESS (Street, city or town, stole) SIGNATURE o NAME (Type) FUNE 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) 220. BURIAL, CREMATION, Burial (Specify) Indian Mound Cemetery Romney Hampshire O 240 REC'D BY REGISTRAR 246 REGISTRAR SUNGNATURE Coffman Hagerstown



13664 CERTIFICATE OF DEATH

			Ł	J	U	Ò	0.	
1-	Dist.	No.		30)2			

25		
	1. PLACE OF DEATH o. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Maryland Washington
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
/	Hagerstown 2 days d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Washington County Hospital	Hagerstown d. STREET ADDRESS 518 W. Franklin Street ON A FARM? YES ON ON
j	3. NAME OF OCCEASED (Type or print) EMMITT FARLY	MAXEY 4. DATE Month Doy Year DEATH December 18 19 57
	5. SEX 6. COLOR OR RACE 7. MARRIED 7. NEVER MARRIED 1. Male White WIDOWED DIVORCED 1.	B. DATE OF BIRTH January 10, 1887 9. AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS) Months Days Hours Min. 70 yrs 17 8
1	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired) Retired Coal Miner	STRY 11. BIRTHPLACE (Stote or foreign country) Near Dillwyn, Virginia U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Horatio Maxey	Ella O'Brien
1	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. I YES Was NOT or dates of service) 228-01-3641 M	rs. Mae Maxey Hagerstown, Maryland
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) U.C. R. DIOV (Conditions, if ony, which) Qove rise to immediate	SCULAX COLLAPS INTERVAL BETWEEN ONSET AND DEATH OCCUMENTAL DESCRIPTIONS ONSET AND DEATH OCCUMENTAL DESCRIPTIONS ONSET AND DEATH
	couse (o), stoling the under-	3 cleusis - Hypertensin yos.
E	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED? YES NO PR
	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of ilem,18)
	20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to Plant on m 19 of work of work of work of the p. m. 19	ACE OF INJURY (Home, form., 20f (City or town) (County) (Slate) clary, street, office bldg., etc.)
	21. I certify that I attended the deceased from 1925 and that death	n occurred of home the couses and on the date stated above ADDRESS (Street, city organs, state)
1	PHYSICIAN'S LOUIS 6 6 RAFE	Harry Mr. 12/18
	270. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Birmial 12/21/1957 Woodlawn Cer	(1)
	23. AUNERAL DIRECTOR'S SIGNATURE Home ADDRESS Hagerstown.	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

may be retained by the haspital or attending physician.

DEC SO JOES

OSMIAL OR ATTENDING PMYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4		UNER DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director.	a 3 that'd be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1, 2 should be filed with	
20		.5		F
within 24		tely filled	Pages 1	
xecuted v		d comple	n papers.	death.
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25	be retained by the haspital or attending physician.	NER	33	egi.
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W.	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
八	1	13665 CERTIFICATE OF DEATH Dr. Lusby Reg. Dist. No. 302
		1. PLACE OF DEATH a. COUNTY WAShington D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1. PLACE OF DEATH a. COUNTY WASHINGTON D. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	81	RURAL and give nearest town) Hagerstown d. NAME OF HOSPITAL (It not in hospital), give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
		Mash Counth Hospital 321 N Milberty St YES NO NO Norman Norman Ralph McClelland Norman Norman Ralph McClelland Norman Norma
death.	,	Male White WIDOWED DIVORCED April 1. 1890 67 yrs Months Days Haurs Min. 10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY II BIRTHPLACE (State or fareign country) Cty 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
ofter	7	Merchant Retired Mt. Airy, Frederick, Md. U.S.A. 13. FATHER'S NAME John W. McClelland Agnes Barnes
72 haues	11 .	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address NO no or unknown) (If yes, give wor or dates of service) NTS. Helen B. McClelland 321 N. 1511 her
ent within		18 CAUSE OF DEATH [Enter only one couse por line for (o). (b), and (c)] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) Arterio - Sclevatic Heart Disease Syn t
, even		OT 3UD

Conditions, if any, which (6) gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost. (c). CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20f. (City or town) (State) (County) Haur a.m. While Nat while at work at work 21. I certify that I attended the deceased from 192 ___that I last saw the deceased alive on that deoth occurred M, from the couses and an the date stoted above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial Rest Haven Hagerstown 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246 REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR Hagerstown

9 VS A15 (4) 15M 9/55

LIGHT 3 Cat

BUREAU V. &

15M 9/55

, 18	1	5691 307							
Reg. Dist. No. 307									
itution: Residence		ore admission)							
e RURAL and give nearest town)									
s ,									
	/	e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)							
Month	D	ay Year							
7	2	I957							
ors IF UNDER 1 Why Months D yrs.	YEAR	R IF UNDER 24 HRS Haurs Min							
12. CITIZ	EN (OF WHAT COUNTRY?							
US	A								
Address harters	30	own,d.							
in	ON	TERVAL BETWEEN ISET AND DEATH CLECTOR							
4-	_								
la	y	70							
GIVEN IN PART I	(0)	PERFORMED? YES NO K							
(Ca	untvi	(State)							

b COUP

Dec.

9. AGE (In ye lost birthdo

Va.

DEATH

McCullough.

Lost

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Parl II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or lawn) factory, street, affice bldg., etc.) , 19____that I last saw the deceased 12-0 M, from the causes and on the date stated above. and that death accurred at... ADDRESS (Street, city or town, state) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or caunty) (State) 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Springs,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE



13692

3667	CERTIFICATE	OF DEATH

L			3667	CERTIFIC	AIL OI	PLATI			Rag. D	ist. No.	2	02
1.	PLACE OF DEATH	hington		MARYLANG	I o STATE	daryla	_	d lived. If institute b COUNTY				
	b. CITY OR TOWN (III RURAL and give no Hagenstor		its, write c.	LENGTH OF STAY IN TE		town (# o	•	rate limits, write R	URAL ond	give near	est towi	>)
	d. NAME OF HOSPIT	AL (If not in haspital, goe Street		- N	d STREET			eet		•	ON A	FARM?
3	NAME OF DECEASED (Type or print)	Geor	ge	Middle Thomas	Mc Elr	oy.	4. DATE OF DEATH	Dec		Day 15		Year 1957
	sex Male	o color or race white	7 MARRIED	NEVER MARRIED	oct.		77	9. AGE (In years lost birthday) 80 yrs.	Manths 2	Days	Haurs	R 24 HRS, Min.
10	during most of work	N (Give kind of work ing life, even if relired OCCTION	dane 10b, KIN	stern lid ailroad	DOWY	ACE (State o	ir fareign c	ountry)	12. CI	TIZEN OF		COUNTRY
13	Is father's NAME Lewis Mc Elroy Mary Wolford											
15 [Ye	WAS DECEASED EVER	IN U. S. ARMED FOR			informant	arles	Barr		% Sy	pruc		it.
FICATION		he under- construction of the construction of	DITIONS CON	STRIBUTING TO DEATH B					EN IN PAI		PERFC	AUTOPSY PRMED? NO
MEDICAL CERTIFI	20g ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Have g. m.	CAUSE OF DEATH		RY OCCURRED 29e. Not while	PLACE OF INJURY foctory, street, offic	(Hame, farm,	20f. (City		((Caunty)		(Slate)
ME	p. m.	at I attended the	al work	of wark	15719	_, to_/2	M, from	n the causes of treel, city ar Jown,	ind an 1	1	y state	decease ed above ATE SIONE
		Dec. 17	of (2 2-57	20 NAME OF CEMETERY Greenlawn	or crematory	1	122	TION (City, tawn.		Mary	(Stot	
_	PURPLY DIRECTOR	SIGNATURE	Will	ADDRESS COMMENTAL	- now	24g REC'D		RAR 245 REGI				sol

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page & may be retained by the haspital ar ostending physician.

10 FUNRAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 full be detached for use as the buriot-transit permit. Then please remove carbon papers. Pages 1 should be filed with the registrar prior to burial, cremation, or remaval. In any event within 72 hours after death.

VS A15 (4) 15M 9/55

Z N 1

031

TO DEMUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in mind in the major. Some Pages 1, 2, mind 3 to the funmial dimeter. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be rejected for your files.

TO FUND 1. DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the 3. Saard of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after described.

VS. A15ME 5M 2,57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMOR	E, 18
1366 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	H

0	1	3	6	9	3	
Reg.	Dis	it.	No.	7	30	>

1,	PLACE OF DEATH			2 USUAL RESIDENCE (Whe	re decepted lived. If institution: Residence before ad	mission)
	· county Washington		MARYLAND	Ø STATE TO	enna b. county	
	b. CITY OR TOWN It suitide corporate limits, write RURAL and give reported town.]	c	LENGTH OF STAY IN 16	CITY OR TOWN (If ou	ts de corporate limits, wr te RURAL and g ve neorest	lown)
	Hagerstown		5 days	Phila	delphia	
	d NAME OF HOSPITAL OR INSTITUTION (IF not	n hospito	l, give street oddress)	d. STREET ADDRESS	Te is	RESIDENCE NA FARM?
	Hotel Alexander	. 1		148 N.		NO [
3,	NAME OF DECEASED (Type or print) Roger		Roselle	McKay	OF DECEMber 8	Year 19 57
5.	SEX 6. COLOR OR RACE 7- M	ARRIED [NEVER MARRIED 3	DATE OF BIRTH	9 AGE (to peers IF UNDER TYEAR IF UN	
	male white with	OWED [DIVORCED I	ug. 28, 189		Min.
10	a. USUAL OCCUPATION (Give kind of work dane during mast of warking life, even if retired) OSVChiatric aid	bos	of Business or Industr Spital	Sheridan,	foreign country) 12 CITIZEN OF WHA	T COUNTRY?
- Luci	. FATHER'S NAME	1101	phinar -	14. MOTHER'S MAIDEN NAM		
	Frank A. Mo	Kay			Harriet Hyler	
15	. WAS DECEASED EVER IN U. S ARMED FORCES?			FORMANT	Address	
	ves (If yes, give wor or dotes of service)	350	-05-9002 Ne	wton Baker	VA Center, Martinsbu	rgy
	18 CAUSE OF DEATH [Enter only one couse per	line far [(a), (b), and (c)		THE MARKETINI THE MARKET AND E	WEEN
	PART I. DEATH WAS CAUSED BY:	E	Fractured Tho	racic vetebra	Multiple fractured	CATH
	DUE TO		ribe: Fra	cture of lt.	numerus: Multiple	
	Conditions, if any, which } (b)		frecture	s of pelvis;	lt femur, tibia,	
	gave rise to immediate couse ((a), stating the underlying DUE TO		and fib	ula; hemorrha	ge and shock	**
	couse last. (c)					JHL.
1 g		IS CONTE	RIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINA	L DISEASE COND TION GIVEN IN PART I(0) 19. WAS	ORMED?
3	None				YES 🔼	NO 🗆
CERTIFICATION	PPRIMARY AND LOSS CONSTRIGUITING L. L. L.			or Hotel room	or fort H of them 18) a and landed on coffee sh	op rooi
MEDICAL	20c. TIME OF INJURY Month, Day, Year	חלאו פסו		OF INJURY (Hame, form,	70f (City or town) (County)	(Stote)
MED	6130xxx Dec. 8 19 57	While at work [1404 HIIII	y, street, affice bldg , etc.) ; el Building ;	Hagerstown Wash Md	
	21. I certify that I took charge of t	he rem				nd in my
	opinion death resulted from. Natu	ol cau	ses [], Accident [], Suicide 📆, Ho	micide [], Undetermined manner	
	ACTUAL SIGNATURE SI Robert	Ju	ello.	M D CHIEF MEDICAL EXAM	INER []	SIGNED
	EXAMINER'S S. Robert	iell:	s, M.D.	ASSISTANT MEDICAL EXA	12-9-5/	
22	BURIAL CREM/TION 726 DATE THEREOF		Newsparcelessis de de la light	3-1-1-1	d LOCATION (Glycidems, executivy) 3 (Significant Control of the Co	ote)
23	FUNERAL DIRECTOR S SIGNATURE	1	ADDRESS	240. REC'D B	Y REGISTRAR 246. PEGISTRAR'S SIGNATURE	
5	Scott F. Minnich & S	on,	Hagerstown	, Mid. April	1.1957 ChadHII	130
E		. "				The same of the same of

BUREAU K. E.

302

. 10	,0		Reg. Dist. No.
1. PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived.	
"ashing ton	MARYLAND	o. state Maryland b.	county "ashington
b. CITY OR TOWN (If outside corporate limits, wri	3	c. CITY OR TOWN (IF outside corporate limit	ts, write RURAL and give nearest town)
RURAL and give nearest form!#6	25 yrs.	X Hagerstown R	¹ 6
d NAME OF HOSPITAL (If not in hospital, give str OR INSTITUTION		d. STREET ADDRESS	e. 15 RESIDENCE ON A FARMA
Paramoun	t	Peramount	YES NO A
3. NAME OF First DECEASED	Middle	Loss 4. DATE OF	Month Day Year
(Type of print) EVA	CORNELIA		December 9, 19 57
the second second	MARRIED NEVER MARRIED DOWNED MED NOVORCED	May 21, 1869 8	(In years IF UNDER 1 YEAR IF UNDER 24 HRS prihdoy) Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done)	the state of the s		12 CITIZEN OF WHAT COUNTRY
during most of working life, even if retired) Housewife	Own Home	Cearfoss-Wash.	
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME	
Silas Wolfensb	erger	Eva Kuhn	Wet.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no. or unknown) (If yes, give wor or dores of service)		NFORMANT	Address
No 2	None P	aulime Palmer-331 I	liberty StHagers.
18 CAUSE OF DEATH [Enter only one couse pe			7 INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6)	Juliosle	ration heart &	esen untingo
* DUE TO			
Conditions, if eny, which (b) (b)			
couse (a), stating the under-			
lying couse lost.) (c)			
PART IT OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE COND	PERFORMED?
20 ACCIDENT WAS HIS DERIVING TO 206	DECEMBE HOW INTERPROCEURS	/E B I B II II	YES NO
OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE) (Enter noture of injury in Port I or Port II of ite	ן טו חח
		ACE OF INJURY (Home, farm, 20f, (City or town tory, street, office bldg., etc.)	(County) (Slole)
Nour o.m. 19 of	hile Not while too	lory, street, office biog., etc.}	
21. I certify that I attended the dece	ensed from Marce /	9, 19, 13, to Dec. 9	, 195 7that I last sow the deceased
olive on Dec. 9		occurred of 201 A.M. from the c	
0000	1	ADDRESS (Street, city	
SIGNATURE TO	Meny	MO. 145 W. Work	en Mod 12/9/5-
PHYSICIAN'S	11/1/	14	
NAME (Type)	ACKER JR,	14 the Marian	n, ML
270 BURIAL, CREMATION, 27b. DATE THEREOF	22c NAME OF CEMETERY O		ly, town, or county) (State)
Burial 12-12-57	Salem E&R	Cemetery nr. Cea	arfoss-wash. Co. Md.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REGISTRAR	246 REGISTRAR'S SIGNATURE
Andrew K. Coffman-Ha	gerstown. Mar	vland 1000, 12.1957	6HALHIJOCUERO

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNE INTRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 ld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages I the reg in prior to burial, cremation, ar removal, and in any event within 72 hours after death.

in by the funeral director, 2 should be filed with

No.

SECENTED V. S.

DEC ...

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) 24 hours after death: Page direct o. COUNTY Filed WASHINGTON **b** COUNTY MARYLAND MARYLAND WASHINGTON CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) HAGERSTOWN 15 YRS. D d NAME OF HOSPITAL (If not in hospital, give street oddress) WASHINGTON COUNTY HOSP! d STREET ADDRESS ON A FARM? COUNTY HOSPITAL 245 E. HOWARD ST. YES NO A NAME OF Middle 4. DATE Lost Month Day Year fille DECEASED PATSY RUTH MILLER DECEMBER (Type or print) DEATH 19 57 within 6. COLOR OR RACE 5. SEX 7. MARRIED NEVER MARRIED X 9. AGE (In years lost birthday) Cyrs. IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH Doys Hours Min WIDOWED | DIVORCED | WHITE FEMALE 100 USUAL OCCUPATION [Give kind of work done during most of working life, even if retired] 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? BOOKEEPER STORE MARYLAND U.S.A 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME PAUL V. MILLER ALTCE FRENCH 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT AddresH AG H MRS. ALICE F. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH d PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D) DUE TO á Ë Quo Conditions, if ony, which been signed -tronsit permit gove rise to immediate DUE TO couse (o), stoting the underburial-fronsit lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO F 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Doy, Year 20f. (City or town) (County) (Stote) foctory, street, office bldg , etc.) Hour e. m. Not while of work of work nov. 23, 1957, to 21. I certify that I attended the deceased fram. and that death occurred at 3 10 M, from the causes and an the date stated above. alive on ADDRESS (Street, city or town, stole) DIRECT Id be d ACTUAL SIGNATURE W. Washington Street PHYSICIAN'S NAME (Type) TEGTES TO Ditto Facerstown, Januard FUNEY age 3 220 BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) (Stote) 4/57 HAGE REST Q 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24c REC'D BY REGISTRAR

3 X OVEROL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	1	367	O CERTIFICA	ATE OF DEATH	1		Reg. Dist.	No.	30	3
I, PLACE OF DEATH COUNTY	ngton		MARYLAND	2. USUAL RESIDENCE (Who state rylan	ere decease	La COUNTY,	n Residence		odmissi	on)
	If outside corporale limi	ts, write	c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF o				-	est town	}
Hagers	*		10 Days	Hagers	town					
OR INSTITUTION	TAL (If not in hospital, g	ive street	oddress)	d. STREET ADDRESS				a.	IS RESI	DENCE FARM?
" Bh	county Ho	goi	tel	56 East A	ve					NO 🔼
3. NAME OF DECEASED	Fic		Middle	Lost	4. DATE	Mont	h	Day	١	fear
(Type or print)	WARPHY		SAMUEL	MILLER	OF DEATH	Decemb	er 8	19	57 1	9
5. SEX	6. COLOR OR RACE	7. MARE	RIEK NEVER MARRIED	8 DATE OF BIRTH		9. AGE (In years	IF UNDER T		FUNDE	
Male	White	WIDOW	ED DIVORCED	June 17 18	76	lost birthdoy) 81 yrs	Months D	ays	Hours	Min.
100. USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign c	ountry)	12. CITIZ	EN OF	WHAT	COUNTRY
Farmer		'	Retired	Shiloh Wa	sh C	olid		US	A	
13. FATHER'S NAME				14 MOTHER'S MAIDEN N	AME					
Chri	stian wil	ller		Anna D	augh	erty				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CE57 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Addre	133			
No	It! yes, give war or dates of s	GLAICG	None Irs	Vergie B.	Mill	er 36 Ea	st A	ve		
18 CAUSE OF DEA	ATH [Enter only one co	use per li	ne for (p). (b). and (c)]	, Hagersto	WILL	d.			VAL BET	
PART I. DE/	TH WAS CAUSED BY	4	: Cerebral /	Lomboris				ONSE	TAND	CYD
Į	DUE TO		Thisal o	Certino clin	040-			4	Car	3
Conditions, if a	iny, which) (b		1.							
gove rise to i	mmediate (,								
lying couse lost.	1 (c)								
PART II. OTI		2	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIVE	N IN PART 1	(o) 19.	WAS A	UTOPSY RMED?
				mrs.				Υ	res 🔲	NO E
U (IF EITHER, NOTIFY	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	206 DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in F	ort I or Par	t II of item 18.)				
20c. TIME OF INJUR Hour a. m.		or 20d. Il While	NOI while 20e. PL	ACE OF INJURY (Home, form, clory, street, office bldg., etc.	20f. (City	or town)	(Co	unly)		(State)
Ş ρ. m.	19	ol wor	k ol work	200	1	-				
21. I certify #	git I attended the	deceas	ed from 1000.	195/, 10/	ac.	19	that I la	st saw	v the	deceased
alive on	410	194	LL, and that death	accurred at ///.	_M, frai	n the causes ar	nd on the	date	state	d abave
	1.2.	16/1	S.	100/11/11/0	ADDRESS (S	treet, city or tewn, s	tofe)		DA	TE SIGNED
ACTUAL SIGNATURE	1/1/	WZ	reman	M.D. 3900 000	ung	/M 0/			14	9157
PHYSICIAN'S NAME (Type)	Philip J.	Hirsl	man, M.D. 159	W. Washington	St.,	Hagersto	wn, M	aryl	Land	
220. BURIAL, CREMATIC		F	22c. NAME OF CEMETERY O	R CREMATORY	224 LOCA	TION (City, town, or	county)		(Slote)
REMOVAL (Specify)	12/11/	57	Rest Haven	Cemeterv	lager	stown "	ash.	Cd	Md.	

ained by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director. Id be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 10 should lie filed with it prior to burial, cremation, ar remayol, and in any event within 72 hours giver decite. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death. Page 4 may be r TO FUNE page 3

23. FUNERAL DIRECTOR'S SIGNATURE

Andrew K.

ADDRESS Coffman Hagerstown



BUREAU V. Z.

5. SEX

no

Male

10a. USUAL OCCUPATION

Organ Build 13. FATHER'S NAME

JOHN Her IS WAS DECEASED EVER

	MARYL	AND	STATE DEPAR	MT	ENT OF HEALTH	I-BAL			
	13	367	CERTIF	ICA	ATE OF DEATH	1	R	eg. Dist. No	.362369K
PLACE OF DEATH COUNTY Was	hington		MARYLA	IND	2 USUAL RESIDENCE (Who o. STATE Hagers		d lived If institution b COUNTY	Residence befo	ington
b. CITY OR TOWN (IF RURAL and give nor Hagerstow		s, write	c. LENGTH OF STAY IN	1 1Ь	c CITY OR TOWN (IF o		rate limits, write RURA	AL and give ne	arest tawn)
	AL (If not in hospital, gi				g. STREET ADDRESS 216 Jeffe:	rson S	Street		e. IS RESIDENCE ON A FARM? YES NO IC
NAME OF DECEASED (Type or print)	CHARLES	it.	Middle ELLSWORTH		MINER	4. DATE OF DEATH	December	3	,
sex Male		7. MARRI	DIVORCED		8. DATE OF BIRTH May 4, 1887			UNDER I YEAR	IF UNDER 24 HRS Hours Min
o. USUAL OCCUPATION during most of working of working most of working the state of	ing life, even if retired)		kind of Business or Organ Factor		Near Smith				U.S.A.
FATHER'S NAME			Argan ractor	<u>. y</u>	14 MOTHER'S MAIDEN N	AME		l	U.D.A.
WAS DECEASED EVER	enry Miner	cure)	SOCIAL SECURITY NO		NFORMANT		Bowman Address		
no l'		2.	14-09-6231	M	rs, Iva. B. M	iner	Hagerston	m, Mar	yland
PART I. DEAT	TH [Enter only one cou TH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO		glueral		arcinomoto	esci	-prima	INT ON!	ERVAL BETWEEN SET AND DEATH
Conditions, if an gave rise to im cause (a), stating II	ny, which (b)		Cescari	p.	wholy a	i 7	tail of		Has
lying cause lost.) (c)		janco						
FAST III. OTHE	Pasacasi		ONIKIBUTING TO DEAT	H BUI	NOT RELATED TO THE TERM!	WE DISEAS	E CONDITION GIVEN	IN PART I(o)	PERFORMED?

(County)

(Stote)

lying cause lost. PART IL OTHER 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

CERTIFICATION MEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Day, Year 20d INJURY OCCURRED 20f. (City or town) factory, street, affice bldg., etc.) Hour a.m. While Not while

of work of wask p. m. ___, 19_52,that I lost sow the deceased 21. I certify that I attended the deceased from.

and that death occurred of 4 alive on_ M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type) Fausand Hacerstown Jaryland 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify)

Rest Haven Cemetery Hagerstown, Maryland 254 REC'D AY REGISTRAN SIGNATURE ADDRESS Hagerstown, Md. DATE

VS A15 (4) 15M III/55

BUREAU V. R.

PECEIVED 1953

3711 CERTIFICATE OF DEA	TH
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	£	Ü	U	\mathcal{J}	4
Dist	Ma				

R.F	-								
TN .	1.	PLACE OF DEATH COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence o. STATE Maryland b. COUNTY Wash:	before odmission) Ington					
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give	ve nearest town)					
		Sharpsburg 91 yrs.	X2 Sharpsburg						
-3		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS	e. IS RESIDENCE ON A FARM?					
	L	Main Street	Main Street	YES NO					
	1	NAME OF First Middle DECEASED On The Control of the	Leat 4. DATE Month OF	Day Year					
	<u> </u>	(Type or print) Charles	Mose DEATH Dec.	4 1957					
	5.	SEX 6. COLOR OR RACE 7. MARRIED ☑ NEVER MARRIED ☐	8 DATE OF BIRTH 9. AGE (In years IF UNDER I lost birthday) Months C						
	L	Male White WIDOWED DIVORCED	Oct. 11 1866 91 7 1	Acys Hours Min					
	10a	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?					
- 1		Farm Labor Farm	Sharpsburg Md U.	.S.A					
	_	FATHER'S NAME	14 MOTHER'S MAIDEN NAME						
		Jacob Mase	Sarah Ellen Poffenbarge	er					
	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17	NFORMANY Address						
•	(14.	None M	rs. Ellen L Keyfauver Sharp	sburg Md.					
	Г	1B CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH					
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Gastric hemorrhage							
		DUE TO		5 days.					
		Generalized ca	rcinomatosis -						
1	gove rise to immediate couse (a), stating the under DUE TO								
	z	Primary focus unknown - probably prostate unknown.							
3	IŞ.								
	5			LR TELL NOK					
	EDICAL		ACE OF INJURY (Home, form, 20f (City or town) (Co ctory, street, office bldg., etc.)	unty) (State)					
	1	p. m. 19 at work at work	, , , , , , , , , , , , , , , , , , , ,						
		21. I certify that I attended the deceased from Dec. 3	, 1957, toThat I la	ist saw the deceased					
		alive on Dec. 3 19 57 and that death	occurred a 4:30A M, from the couses and on the	data stated shave					
		2014-11 Dil . Vin	ADDRESS (Street, city or town, stote)	DATE SIGNED					
		SIGNATURE (ACKU H- Maass)	Sharpsburg, Md.	Dec. 6.195					
			m v						
		PHYSICIAN'S NAME (Type) Walter H. Shealy M.D.							
	220	BURIAL, CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county)	(Stote)					
	7.	Burial Dec. 7-57 Mt. View C	euetery Sharpsburg Md.						
	23.	FUNEAL DIRECTOR'S SIGNATURE	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN	NATURE					
	10	Mitty X deaf Williamsport	Mal DATE 1 17 17 E. A	13 men e					
	1								

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 that the burial-transit permit. Then please remove carbon papers. Pages 1 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) I5M 9/55

BUTTON A STANK

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13672 CERTIFICATE OF DEATH

Reg. Dist. No. 302

, OZE													
		PLACE OF DEATH	1. J		MARYL	AND	2 USUAL RESIDENCE a STATE 3.7	(Where deceases	lived, If instituti				
1	1		hington outside corporate limi	de write	c. LENGTH OF STAY I		a STATE Maryland b. COUNTY Washington c. CITY OR TOWN [if autside corporate limits, write RURAL and give nearest town]						
-		RURAL and give ne	5 Yrs	E V						ownj			
		Hagerst	AL (If not in hospital s	live street			Hagerst				la IS I	RESIDENCE	
		or institution	Wilson F		`			‴ilson	BlvJ.		10	NO KO	
		NAME OF	Fir		Middle		Lost	4. DATE	Mon	th	Day	Year	
		DECEASED (Type or print) A	lbert	WEI	LLINGTON		Loser	DEATH	Dec.	1	6	192	
	5 5	SEX		7. MARI	RIED MEVER MARRIED		8. DATE OF SIRTH		9. AGE (In years			IDER 24 HRS	
		Lale	"hite	WIDOWI	ED DIVORCED		Dec. 33	1882	74 yrs.	Months	Days Hou	rs Min	
	10a	USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	dane 10b	KIND OF BUSINESS OR	INDU	STRY 11. BIRTHPLACE (SI	ale or foreign c	ountry) N.d.	12. CITIZ	EN OF WH	AT COUNTRY?	
/		Laborer		_	Retired		Church H	ill Fr			USA		
	13	FATHER'S NAME					14. MOTHER'S MAIDE	N NAME					
		John	Moser.					da Wed	dle				
		i, na or unknown) (IN U. S. ARMED FOR		SOCIAL SECURITY NO	17. 11	NFORMANT		Add	Test			
		No			None	Na	nnie W. M			ilson	Blv	d	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] Hagerstown Md.										INTERVAL ONSET A	BETWEEN ND DEATH	
	IMMEDIATE CAUSE (a) Coronary occlusion											ours	
		400.0	DUE TO										
	Conditions, if ony, which (b) Arteriosclerotic heart disease										Ind	efinit	
		cause (a), stating the under.											
	z	lying cause lost.) (c)									1	C ALIZOSON	
}	OIL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? DUODONAL UICEY											
	Š					CHERE	D. (Enter noture of injury	in Port I or Port	I II of stem 181		YES	□ NO 	
	L CERTIFICATION	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	100 013	CRISE HOW INJOH! CC.	CORNE	s. true noise or mery	11 1011 101 101	n or nom 10.)				
	MEDICAL	20c. TIME OF INJURY	Manth, Doy, Ye	or 20d. II While		Oe PL	ACE OF INJURY (Home, I story, street, office bldg.,	form, 20f. (City	or tawn)	(Cc	ountyj	(State)	
	ME	p. m.	19	at wor	k ot work								
		21. I certify the	at Lattended the	deceas	ed from June	6	19 <u> 55</u> lo_	Dec. 1	6 , 1957	,that I lo	st saw th	e deceased	
		alive anDe	20,016	, 12_	_5,7, and that a	death	accurred at 5:5	5PM, from	n the causes o	ind an the	e date st	ated above.	
			1313	1	0 -			ADDRESS (SI	reet, city or town,	stote)		DATE SIGNED	
1		ACTUAL SIGNATURE	1010	MU	eising		$_{\text{M.D.}}$ 148 W_{e}	st Was	hington	St.	12/	17/57	
		PHYSICIAN'S NAME (Type)	В. В.	Kne	eisley, M.	D.	Hagers	town,	Md.				
	22a	BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREC) F	22c. NAME OF CEMET	ERY O	R CREMATORY	22d. LOCAT	ION (City, town,	or county)	(5	tole)	
		urial	12/19/	57		ven	Cemetery		rstown		Co	Md	
	23.	FUNERAL DIRECTOR'S			ADDRESS			EC'D BY REGIST	4.0	STRAR'S SIGT	NATURE	1	
		Andrew	K. Coffne	ın H	agerstown	lud	68	=20,19	13/6/40	SHI	Zow	ese	

DEC Ke 1 ...

gave rise to immediate cause (a), stating the underlying cause last.

20a. ACCIDENT WAS UNDERLYING [

OR CONTRIBUTING CAUSE OF DEATH

1. PLACE OF DEATH

o. COUNTY

NAME OF

5. SEX

DECEASED

(Type or print)

Female

13 FATHER'S NAME

NO

20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18)

20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Hour a.m. While Not while of work of wark

20e. PLACE OF INJURY (Home, form, factory, street, office bldg , etc.)

20f. (City or town) (County) (Stote)

_____, 195/__,that I last saw the deceased 21. I certify that Lattended the deceased from and that death gecurred at 2 45/1M, from the causes and an the date stated above. alive an

ACTUAL SIGNATURE

22b. DATE THEREOF

RICHARD TA

-Rouzer Funeral

BINEORD 22c. NAME OF CEMETERY OR CREMATORY

22d LOCATION (City, town, or county)

Turia 23. FUNERAL DIRECTOR'S SIGNATURE

NAME (Type)

220. BURIAL, CREMATION,

REMOVAL (Specify)

gercershire

0

FUNE

puo

BULLAU V. S.

1531 .. C.1

1	4-1	ltε	ms 19&21 F					NT OF HEALT				8 1	371	112
\$ B & A	1	Г	126	7.4 ME	DICA	L EXAMINE	R'S	CERTIFICA	TE OF	DEAT	Н	Reg. Dist. No	. 3:	22
ould ould moti	•	1,	PLACE OF DEATH	<i>†</i> '!				2. USUAL RESIDENCE (Where deces	ed lived. If	instituti			
Ple A sh	1	L	Wash	ington		MARYL	NND	o. STATE Mary	land	b. CC	YTAUC	Washing	ton	
age urial	(1)	1	ond give records (of out		RURAL	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (I			write R	URAL and give n	earest to	wn)
ocess To b	1 8	<u> </u>	Hagerstow		not in hour	Life		d. STREET ADDRESS	rstown	t.			La. 45 R	ESIDENCE
is recti	,	1	ashington C			man gree on our additions		/	Conce	rd St.			ON	A FARM?
delo de		3.	NAME OF DECEASED	First		Middle		Lost	4. DATE		Month	Day	Y	oor .
uner you egist		Ш	(Type or print)	John		James		Myers	OF DEATH	I	ec.	15	1	9 57
The fact of for the r		5. 5				D NEVER MARRIED	_			9. AGE (In yellout birthday,		Months Days	Hours	ER 24 HRS.
off.		10.	Male		WIDOWED			ay 17,1937		20	yrs,	12. CITIZEN O		
ir de		100	furing most of working li Soldier	ite, even if retired)	900 100. K	U.S.Army	IUU3 IK	Hanover	Do no o	country				COUNTRY
ofte 2, o 2, o y be	/	13.	FATHER'S NAME			U.S.A.P.M.Y		14. MOTHER'S MAIDEN	/			U.S.A		
S mo			Ge	orge C.Mye	ers			Dorothe	a Pene	lope D	aug	hertv		
Poge oge		15. [Yes	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. S			ORMANT		Ad	dress			
Signal Si	4°	L	Yes				Mr.	Geo.C.Myers	1029	Conco	rd	St. Hager		
P.W.			1B. CAUSE OF DEATH	[Enter only one caus WAS CAUSED BY:	e per line f								EVAL BETWEE	éen Ath
form it pe			416 8 IM	MEDIATE CAUSE (e)				hed/yet/ Int						
in the frank			Conditions, if any,	DUE TO (b)		rotid Sinus ock	F	eflex (Whip	Lash	type	OT	injury)	
Id b			gove rise to immediat (a), stating the und	e couse (ore a								
shau in pe			cause lost.) (c)_										
ifficate ding" s Office sed as	1.	CATION	PART II. OTHER	SIGNIFICANT COND	ITIONS CO	NTRIBUT NG TO DEATH I	BUT NO	OT RELATED TO THE TERM	INAL DISEAS	E CONDITION	4 GIVE	` '	P. WAS PERFO YES [2]	DRMED?
This cer rd "per aminer		L CERTIF	200. EXTERNAL CAUSE PRIMARY OF CONTR CAUSE OF DEATH.	IBUTING []	Passe	nger in au	b mo	bile envolve	ed in	auto c	011	ison		
NER: he wo ica! Es	ž	MEDICAL	Hour XXXX.	Month, Day, Year Dec • 14 19 5	MAZINILI.	Not white to twork the street was to the street with the street was to the street was to the street was to the street with the street was to the street was the street was to the street was the street was to the str	ractor	OF INJURY (Home, form y, street, office bldg., etc.	.1	gerato	wn	(County) Wash		(State) Md
EXAMI rriting t ef Med R: Page	F			I taak charge			No. of Street,	e, held an Autaps				Inquiry	. and	find that
Write Nief				_				de 🔲, Homicide	-	•				
certificate, pisecre	ap		ACTUAL SIGNATURE	Polici	y h	rella		M.D. CHIEF MEDICAL E	KAMINER []			DATE S	SIGNED
V 00 1	1 ,		EXAMINER'S	S. Robert	Walle	M.D.		ASSISTANT MEDIC				12-16-	-57	
wor Wor		22.	MANUE (TAbe)			*		DEPUTY MEDICAL						
O to to to		120	BURIAL CREMATION, REMOVAL (Specify) BURIAL	12/19	57	POST HOTON				TION (City, to		county]	(State	a]
		23.	FUNERAL DIRECTOR'S S	IGNATURE		Rest Haven	Ue.		D BY REGIST	RAR 246		RAR'S SIGNATUI	Md .	1
VS. A15ME(5) 5M 9/55	Fr. T	Re	est Haven Fr	uneral Cha	pel I	nc. 1601 Pe	nna	Ave. par	-17.19	57 6	tece	11130	el	erv
			Wen. a.		Dres.	Hagerst						1		

DEC : 1821

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Page

within 24 hours

HOSPITAL

'a .V UAE..U?

ZSCT D T DSC

BARES

	1	3704
ist.	No.	302

Burne													
T	PLACE OF DEATH					2. USUAL RESIDEN	NCE (Wh	ere deceased			ence befo	re odmisi	tion)
L	" shir	ngton		MARY	LAND	Lary	land	1	6.8	hing	ton		
Г	b. CITY OR TOWN (I RURAL and give no	f autside carporate limi	its, write	c. LENGTH OF STAY	IN 1b	CITY OR TO	WN (If o	ulside corpo	rate limits, wri	e RURAL one	d give nec	rest town	n)
L	Hager			2 ¹⁷ ee]	KS	. Has	gere	town	R	5			
Г	d NAME OF HOSPIT	AL (If not in haspital, s	live strael	address)		d. STREET ADD						e. IS RES	SIDENCE FARM?
L	sh Co	unty Hos	nita	7		Leite:	rebu	irg P	ike			YES 1	KNO 🗌
3	NAME OF DECEASED	Fil	rs1	Middle		Lost		4. DATE	-	Vionth	Do	y	Year
	(Type or print)	ROBERT		McCAULEY	1	MEWCOMER		DEATH	Dec 1	.8 19.	57		19
5	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRI	ED 🔲	8 DATE OF BIRTH			9. AGE [In yo	ors IFUND	ER 1 YEAR		
	Male	White	WIDOW	ED 🔀 DIVORCE	□ □	Feby 1:	2 18	386		Y) Manths	Days	Hours	Min.
10	during most of work	N (Give kind of work	done 10b.	KIND OF BUSINESS C	OR INDU	STRY 11. BIRTHPLAC	E (State i	or foreign co	ountry) N.C	12. 0			COUNTRY
	Fermer		<u> </u>	Retired		Beave:	r di	reek	"ash.	Co	U	SA	
13	FATHER'S NAME					14. MOTHER'S M	AIDEN N	AME					
	Martin	Newcomer				Be	ttie	McC	auley				
15				SOCIAL SECURITY NO	17 1	NFORMANT				Address			
ľ	No		ervices	M;	rs 1	Edna Har	tle	Hage	rstown	i Md.	R #	- 3	
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (a), (b), and (c).							LINTE	ERVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY:	Ly	mphosarco	mat	osis (Pr	rima	rv in	n abdo	men)	ONS	MOS	DEATH
	4	DUE TO	,									211.0	
	Conditions, if any, which (b) (b)												
	gave rise to is	n mediate						i					
	Lying couse last.												
ă	PART II. OTH			CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO TH	HE TERMI	NAL DISEASI	CONDITION	GIVEN IN PA	ART 1(o) 1	9. WAS	AUTOPSY
CERTIFICATION	None.									NO TO			
Ě	20a. ACCIDENT WA	S UNDERLYING	20b DES	CRIBE HOW INJURY O		D (Enter nature of in	njury in P	orl for Pari	(I of item 18)				
	(IF EITHER, NOTIFY	S UNDERLYING [] I CAUSE OF DEATH MEDICAL EXAMINER)											
MEDICAL		Y Manth, Day, Ye	or 20d. I	NJURY OCCURRED	20e. PL	ACE OF INJURY (Hor	me, farm,	20f. (City	ar tawn)		(County)		(State)
Ē	Hour o.m.	19	While of wor	Not while	to	ctory, street, office bl	ldg., elc.)					
1		or I assembled the		ed from Oct.	29	, 19 57	. D	ec.	8. 10	57		.1.	
	alive an De	c. 18.	deceds	57		accurred a	95.D	<u> </u>	1	9_i,mar i	1051 50	iw the	decedsed
	dilve dil	5/	1/2	, and rhar	aearn	accurred dista			n the cause reel, city or to		the do		ed abave Ate signed
	ACTUAL	/ pal	5	21/		119			tomac	-	et.		
	SIGNATURE			7		W.D TTS			, TO LICE			LO-K	.0-07
	PHYSICIAN'S NAME (Type)	R. A. H	el:	1, M. D.		Hage	erst	own.	Maryl	and.			
22		N, 226. DATE THEREC		22c. NAME OF CEM	FTERY O				ION (City, tow			(Stat	
١.	Burial (Specify)	72/21/57		Rest Hav				T				(5101	e]
-	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	CII (BY REGIST	STOWN	GISTRAR S		M.d.	
1			Ha	ranotown	h		7	7319	. 100	ash	43	elle	eral

may be retained by the hospital or attending physician.

TO FUNE T. DIRECTOR: After this certif cate has been signed by the attending physician and completely filled in by the funeral director, page 3. I'ld be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1. I'm 2 should be filled with the regit prior to buriol, cremation, or removal, and in any event within 72 hours after degit. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

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VS A15 (4) 15M 9/SS

BUREAU V

DECELLAR

VS A15 [4] 15M 9/55

MARYLAND STAT	E DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
13677	CERTIFICATE	OF DEATH		0.

ARTMENT OF HEALTH—BALTIMORE	, 18	13	705
IFICATE OF DEATH		10	70

-										هن پيند		0 0 0	
	LACE OF DEATH	Washingto	n	MARYLAN	- 11	2 USUAL RESIDE a. STATE	aryl		d lived If inst b. COUI	here a	ence before		*
b		If outside carporate limi		c. LENGTH OF STAY IN 1	ь	c CITY OR TO	WN (If ou	tside carpo	rate limits, wri				
	RURAL and give in			2 mos.		Ha	gers	towr	1				
	NAME OF HOSP	TAL (If not in hospital, o	ive street	<u> </u>		d. STREET AD	<u> </u>				Te	. IS RESID	ENCE
		North Loc				4		h I.o	cust	9+	1	ON A F	ARM?
						* 2 *						YES []	NO LIV
0	IAME OF DECEASED	fu term to the	-	Middle	y=0 /	losi		4. DATE OF		Manth	Day		ar
(1	Type or print)	WILLIA				TERS		DEATH	Deo	ember	13	, 15	57
5. S	EX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED		DATE OF SIRTH			9. AGE [In yellost birthdo		ER 1 YEAR		
	Male	"hite	WIDOW	ED 🔲 DIVORCED 📶		June 1	0,18	390		yrs. Month	Days	Hours	Min,
10a	USUAL OCCUPATI	ON (Give kind of work	done 10b	KIND OF BUSINESS OR IN	DUSTI				auntry)	12 (CITIZEN OF	WHAT C	OUNTRY?
j-	during most of wor	ting life, even if refired	1	Retired		Bel t	timor	e Cit	1:37		USA		
13 1	FATHER'S NAME					14 MOTHER'S A			. 0,9		0 021		
"	THE THINK	ס	eter	D 49									
							na Mi	TTEI					
13 \ {Yes.	no or unknown)	ER IN U. S. ARMED FOR (It yes, give wor or dotes of t	CEST 18	SOCIAL SECURITY NO		ORMANT				Address	_		
	No		2	15-28-6788	Ivi:	rs. Jos	nne	Cord	ielli-	424 N	- Lo	cust	St
	18. CAUSE OF DE	ATH [Enter only one co	use per li	ne for (a) (b), and (c)]		1	0					RYAL BETY	
1 1	PART I DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	1	Coroner	۲,	Occi	uae	en			O SA	T AND D	EAIH
	420.1	DUE TO		-	7			0				3	<u> </u>
	Conditions if any which)									2			
pove rise to immediate													
1 1	cause (a), stating	the under-	•				0						
1,	lying cause last.	, ,)										
Į į	PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT N	OT RELATED TO T	HETERMIN	IAL DISEAS	E CONDITION	GIVEN IN P	ART 1(a) 19	PERFORI	ITOPSY WED7
3												YES 🗌	ио 🔲
U	200 ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	206 DES	CRIBE HOW INJURY OCCUI	RRED	(Enter nature of	injury in Po	art I or Par	t tl of item 18.				
WEDICAL	20c. TIME OF INJU	RY Month, Day, Ye	or 20d. I	NJURY OCCURRED 20e.	PLAC	E OF INJURY (He	ome, form,	20f (City	or town)		(County)		(State)
ED	Hour a.m.	19	While	Not while	facta	ry, street, office l	bidg., ∈tc) ∧	1					
1 ~ k					10	19# 7.	- 12	de_ 13	> .1	-			
	21. I certify #	19t I attended the	deceas	ed fram huv.			100-100-100-		, 17.	2,that			
	alive on	WY 4/Ja	حر 19	and that dec	ath c	occurred at	12	M, fran	n the cause	s and an	the date	e stated	abave.
		0 (11)	_)			A	DORESS (S	treet, city or to	wn, state)		DAT	E SIGNED
1 1	SIGNATURE L	YN YNGH	un	er	М.	D. 159 V	N. Was	shing	ton St.	Hage	rstom	a.Md.	
		110								A month			11/57
	PHYSICIAN'S I	Philip J. H	irshn	man, M.D.								-L-C/-L	471
220.	BUR AL CREMAT O	ON, 226 DATE THEREC)F	22c. NAME OF CEMETERY	COR	CREMATORY		22d 10CA	TION (City, to	to or couch	Α.	(State)	
	REMOVAL (Specify			Most Holy			3		_	D 70 C	ř. a	(Simila)	
23 1	FUNERAL DIRECTOR		-	ADDRESS			24a, REC'D		altin	EGISTRAR'S	SIGNATURE		
			TT			1	4		A. J. 111	A LL	2-5	2000	1
A	ndrew K	. Vortran	-па-	gerstown, L	ar	viand	Mee	14606	10/10/	anth	100		

S 'Y UNLAW

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13678 **CERTIFICATE OF DEATH** 137(16) Dist. No. 302

Reg. Dist. No.

1.	PLACE OF DEATH a. COUNTY			Where deceased lived. If institute		lmission)				
1	Washington	MARYLAND	o. STATE Maryland b. COUNTY Washington							
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		(If outside corporate limits, write R Agerstown	URAL and give nearest (town)				
-	d. NAME OF HOSPITAL (If not in hospito), give street	u months	d. STREET ADDRESS		a. IS	RESIDENCE				
Ш	639 Oak Hill Ave.	,	/ 639		0	N A FARM?				
E										
3	NAME OF First DECEASED	Middle	Lost	4. DATE Mon	ith Day	Year				
L	(Type or print) BEATRICE	W,	POTTER	Decemb Decemb		19 57				
5	SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Days Hou					
L	Female White WIDOWN	DIVORCED [April 7, 18	383 74 m	8 14	UFS MIN.				
1	o USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) Housewife	KIND OF BUSINESS OR INDU			12. CITIZEN OF WI					
1	FATHER'S NAME		14 MOTHER'S MAIDE	<u>). New Brunswick</u>	Canada	U.S.A.				
Н.,	• • • • • • • • • • • • • • • • • • • •		THE MOTHER & MAINE							
J.	? Welton			? Steves						
113	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		NFORMANT	Add	ress					
L	no	none M	rs. Lucille	Taylor Hag	erstown, Ma	aryland				
Г	18. CAUSE OF DEATH [Enter only one couse per lin	ne for (o), (b), and (c)]			- INTERVA	L SETWEEN				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Calarioscherte Heart Sunay with Churue ONSET AND DEATH									
	4. KU, U DUE TO	_		,						
	Conditions, if ony, which)	Coronas	arteryla	ust liciousen	4	420				
	gave rise to immediate			06	1	1				
ı	Couse (a), stoling the <u>under-</u> (tying couse last.		,	0						
1		ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE CONDITION GIV	EN IN PART TO 19 W	AS AUTOPSY REORMED?				
12.4	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 200. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OF CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
CESTIEL	YES NO P 20s. ACCIDENT WAS UNDIRLYING DEATH OF CONTRIBUTION OF CAUSE OF DEATH OF FITHER, NOTIFY MEDICAL EXAMENER) 20s. ACCIDENT WAS UNDIRLYING DEATH OF CONTRIBUTION OF CAUSE OF DEATH OF CONTRIBUTION OF CAUSE OF DEATH OF CONTRIBUTION OF CAUSE OF									
13	20c TIME OF INJURY Month, Day, Year 20d. II		ACE OF INJURY IHome, I		(County)	(Stole)				
MEDICAL	Hour e. m. 19 While at wor		clory, street, office bidg.,	etc.)						
	21. I certify that I attended the deceased from 11/8 19.57, to 12/21 19.57, that I last saw the deceased									
	alive on 12-12-1, 195	, and that death	accurred at 310	A.M., fram the causes of ADDRESS (Street, city or town.	and on the date st	tated above.				
	ACTUAL SIGNATURE Sallon M.	Welty	MD. 998 Pt	tomacan, No	gentery led	12/21/5				
	PHYSICIAN'S DALTON NAME (Type) DALTON N	1. WELTY	998	POTOMACAU	E. HAGE	RSTOWN H				
2	PO BURIAL CREMATION, 22b, DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, a	or county) ((Stole)				
L	Burial 12/26/1957	Greenwood Ce	emetery	Brooklyn.	New Y	ork				
2	Suter-Rouzer Funeral Hor	ADDRESS	24g F	EC'D BY REGISTRAR 245 REGI	STRAR'S SIGNATURE					
	B. Doubli Roya	Hagerstown	Md. Md.	20.27.1957 Bles	estition	jeru				

DEC 30 1021

BUREAU V. R.

requires that the death certificate

HOSPITAL

9

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2961 CO

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A15 (4)

DEC TO SEC

			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13712 CERTIFICATE OF DEATH
£	R.O.		Reg. Dist. No.
≱ Deli	IAE	L	PLACE OF DEATH O. COUNTY WAS h INGTON MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) O. STATE MARYLAND b. COUNTY BALTIMORE
D D			b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) HAN COOK BALTIMORE MARYLAND
2 shau	s. A	,	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION ON A FARM? VES NO PA
20			NAME OF DECEASED (Type or print) DAISY TANE Middle RICHARDS DEATH DEC, 14 1957
- A GG		5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED 1/0/ 3/- 18 19 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Gast birthday) WIDOWED DIVORCED 1/0/ 3/- 18 19 19 19 19 19 19 19 19 19 19 19 19 19
r deoth.	- X	1 2	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY. 12. CITIZEN OF WHAT COUNTRY.
4		13.	JOHN W. PORTER LEAN WAIRD
72 havrs	~		WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT I. no or unknown) (If yes, give wor or dates of service) NONE AUSTIN E, RICHARDS - 8812 OLD HARTORY RO
nt within			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
any eve	٧		Conditions, if any, which gave rise to immediate (b)
nd in			Course ast. DUE TO Co.
חמסת,	0	ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO
ı, ar rei		L CERTIF	20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)
remand		MEDICAL	20c. TIME OF INJURY Month, Day, Year Month, Day, Year About a. ft. Hour a. ft. p. m. 19 20d. INJURY OCCURRED While Not while of work of wo
vrial, c			21. I certify that I attended the deceased from ALG F., 1940, to ALG F., 1957, that I last saw the deceased alive on ALG F., 1967, that I last saw the deceased alive on ALG F
ior ta b	1		ACTUAL SIGNATURE ACTUAL
strof pr			PHYSICIAN'S NAME (Type)
the regi		7	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)
	17	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS LAM GOOK-Blight and 6009 Harford Rd DATE 10/18/57 Of A Helling

A W UNESTER

17 A 11 29 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	3710	
13681 CERTIFICATE OF DEATH Rog. Dist. No.	707	
PLACE OF DEATH o. COUNTY Washington Washington Washington Washington Washington Washington Washington Washington		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give necessary of the Rural and	re nearest town)	
d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Washington Co. Hospital 457 W. Washington	o. IS RESIDENCE ON A FARM? YES NO	
NAME OF DECEASED (Type or print) NAME OF First Middle Last 4. DATE OF DEATH 12 Name OF First Middle Last 4. DATE OF DEATH 12 Name OF First Middle Last 4. DATE OF DEATH 12		
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 8. DATE OF BIRTH 9. AGE (in years lost birthday) 100 birthday) Months Days	IF UNDER 24 HFS. Hours Min	
Conductor W. Md. R.R. Cherry Run, W. Va. U.S.	• A •	
FATHER'S NAME Benjamin F. Riser 14. MOTHER'S MAIDEN NAME Elizabeth E. Barnes		
. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (If yes, gree wor or direct of service) 705-10-5391 Mrs. Mae Riser Hagerstown, Md.		
Conditions, if any, which gove rise to immediate couse (a), stoting the under-lying couse lost. Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT, NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1	PERFORMED?	
PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT, NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1 20a. ACCIDENT WAS UNDERLYING CRONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO TO	
20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED While of work	(Stote)	
21. I certify that I attended the deceased from 190 to 190 to 190 that I last so alive on 190 to 190	to stated above	
G. SURIAL, CREMATION, 27b DATE THEREOF 27c_NAME OF CEMETERY OR CREMATORY Hagerstown 12-19-57 Rest Haven Hagerstown	(Stote) Md.	
Fred W. Kraiss Hagerstown, Md.	seven	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

S 1 III II

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission e. COUNTY Washington D. STATE MARYLAND b. CITY OR TOWN III outside corporate limits, write BURAL C. LENGTH OF STAY IN 16 c. CITY OR FOWN (If outside corporate limits, write RURAL and give nearest lown) and give pagest found Hagerstown Spring Field d. NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street oddress) d STREET ADDRESS 1616 South 105 Washington County Hospital NAME OF 4 DATE DECEASED (Type or print) Rona 1d Gilbert Dec. Robison DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BRTH 5. SEX 9 AGE Ilin years IFUNDER TYEAR IF UNDER 24 HRS White foul birthday! Mala Months Sept. 2,1936 WIDOWED [7] DIVORCED [] 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S. Gov't Navv Springfield Sangamon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jack Wyatt Dora Robison 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Yes Mrs. Ronald G. Robison (Wife) ppringfield, Ill. 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART f. DEATH WAS CAUSED BY: Fractured skull (closed) IMMEDIATE CAUSE (o) Haemo-pneumo-thorax hemorrhage & shock DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost. 200. EXTERNAL CAUSE WAS PRIMARY 19 or CONTRIBUTING 1 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.) Dec. 2119 57 of work of work Highway **ACTUAL** SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER S. Robert Wells. M.D. NAME (Type) DEPUTY MEDICAL EXAMINER TO

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? NO T Driver of car involved in collison with another car (County) (Stote) Rural Hancock Wesh Ma 2). I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . apinion death resulted from: Notural couses . Accident by, Suicide . Homicide . Undetermined manner DATE SIGNED Dec. 21 220. BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) Springs Rutler Natl Cem. 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Coffman Ha erstown l.d.

ON A FARMS

YES NO IX

Hours Min

INTERVAL BETWEEN

USA

BUREAU V. E.

DEC 30 1824

BECEINED

Rea. Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) Washington a COUNTY o. STATE b. COUNTY Md -MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Hagerstown. Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 106 W. Washington St. Wash. Co. Hospital YES NO OSIAH Fint NAME OF Middle 4. DATE Day Year DECEASED Elmer OF DEATH SHE 12 PAYS (Type or print) 19 57 December 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX IF UNDER 1 YEAR IF UNDER 24 HES DATE OF BIRTH 9. AGE (in years last birthdoy) male white Months Jan. 30, 1882 WIDOWED | DIVORCED | 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
FOURTH Baltimore. Co. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Josial A. Shepperd Melissa Armacost 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Hagerstown, Md. Mrs. Fred D. Burkholder 1203 Virginia Ave. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), one (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which) gove rise to immediate couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO [20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy. 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (Stote) (County) foctory, street, office bldg., etc.) Not while p. m of work | of work ec. 22 1947, that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at a: M, from the causes and an the date stated above. ADDRESS (Street, city,or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22d. LOCATION (City, town, or county) (Stote) Dec. 26,1957 Md. Loudon Park Baltimore 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**

John O. Mitchell & Sons Inc. 1900 Eutaw Place

240_REC'D BY REGISTRAR - 246-REGISTRAR'S SIGNATURE

Filed

P

death. eral

EUREAU V

Set to DEC

Marina

S 'A OYJELL

DEC.21

23. FUNERAL DIRECTOR'S SIGNATURE

19

BOONSBORO

ADDRESS

(Stole)

BOONSBORO WASH.CO

240. REC'D BY REGISTRAR

5 O VS A15 [4] 15M 9/5S

after death.

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24 hours after

O HOSPITAL OR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2 .V U.S

DEC - DEC

Z .V UASSUR

Marvland

MARYLAND

2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) b. COUNTY

ashington

Months

e. IS RESIDENCE ON A FARM?

1959

IF UNDER I YEAR IF UNDER 24 HRS

USA

(County)

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES INO TH

(Stote)

DATE SIGNED

(Stote)

YES NOOD

Year

era and PLACE OF DEATH

shi

o COUNTY

b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Hagerstown esstorm d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION Jd. STREET ADDRESS "ashington ash ng ton NAME OF 4. DATE Middle DECEASED December (Type or print) WILLIAM EDWARD SOUTH 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) WIDOWED DIVORCED | Malle arch 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) Funkstown Wash. Cabinet waker Retired 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME William B. South Amelia Johnson 16. SOCIAL SECURITY NO. IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Address Joe E. South 211 E. Washington at No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] Hagerstown ind. PART I. DEATH WAS CAUSED BY,
IMMEDIATE CAUSE IN 420.0 DUE TO wast diseuse Conditions, if any, which gove tise to immediate DUE TO couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY CITION deno Carcinama 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c TIME OF INJURY Month. 20e. PLACE OF INJURY [Home, farm, 20d. INJURY OCCURRED 20f (City or town) factory, street, office bldg., etc.) Heur e, m. While Not while of work of work 1 ..., 1954, to Dec 28. 1957, that I last saw the deceased 21. I certify that I attended the deceased from 1/41 ., and that death occurred at 1/1 70 M, from the causes and on the date stated above.

DATE SIGNED

DATE SIGNED ACTUAL W. Washin ton Street SIGNATURE PHYSICIAN'S Hagerstown, Maryl: nd NAME (Type) Adward W. Ditto 171. M.D. 220 BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City fown, or county) REMOVAL (Specify) puri Hagerstown "ash Rose Hill Cemetery 0 23 FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR - 24b REDISTRAR'S SIGNATURE andrew K. Cof Hagestown & d.

CECEDAED.

BUREAU V. S.

be executed within 24 hours after death. 9

23. FUNTERAL DIRECTOR'S SUGNATURE

 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DEN S 1259

BUREAU V. S.

CERTIFICATE OF DEATH 13689 director, within 24 hours after death. Page) PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution) Residence before admission) o. COUNTY **b. COUNTY** Filed Washington MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) å RURAL and give nearest town) should 1 week Hagerstown Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS 00 OR INSTITUTION Garlock Nursing Home 126 W. Franklin St. NAME OF Middle 4. DATE First Lost Month DECEASED DEATH 12 (Type or print) Rufus Edward Stottlemver 5. SEX 6. COLOR OR RACE 7 MARRIED T NEVER MARRIED T 8. DATE OF BIRTH 9. AGE (In years campletely lost birthdoy) DIVORCED | Nov. 4, 1869 white WIDOWED X male papers. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) ofter death. during most of working life, even if retired) Frederick Co. Hag. Table Works retired ond corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician the death certificate Frederick A. Stottlemyer Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Miss Minnie Stottlemyer Hagerstown, Md. altending none no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) requires that **DUE TO** þ Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:01 19 WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port II or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) Hour o.m. While Not while of work of work NOU Pec., 19 52, that I last saw the deceased 21. I certify that I attended the deceased from _____ and that death accurred at 6.1CP2 M, from the causes and on the date stated above DIRECTOR: ADDRESS (Street, city or town, stotal ACTUAL ŏ PHYSICIAN'S NAME (Type) FUNER 220. SURIAL, CREMATION, 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Beaver Creek Lutheran Beaver Creek 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR

Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Fred W. Kraiss

Rea. Dist. No.

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

U.S.A.

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO |

> > (Stote)

DATE SIGNED

(Stote)

Md.

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

. IS RESIDENCE

YES | NO X

Yeor

19 57

Min.

Wash.

Months

BUREAU V. S.

DECEINED

			MARYL	AND	STATE DEPART	MENT OF H	HEALTH	I-BAI	TIMORE, 1	8	0.14	
				136	90 CERTIFIC	CATE OF I	DEATH	1		Reg. Dis	1. No. 33	8-2
	1. PLAC o. Co	E OF DEATH DUNTY WAS	HINGTON		MARYLANG	II A STATE 1	IDENCE (WA	ere decease AND	ed lived If institution b. COUNTY	WASH	e before odmi	ssion)
	b. C		f outside corporate fimil	h, write	E LENGTH OF STAY IN 11 2 DAYS	c cffy or	JOWN (III) GERST	OWN	orote limits, write R	URAL and g	ive negrest lov	vn)
			TON COUNT				d. STREET ADDRESS 401 S. POTOMAC ST. e. 15 RESUD					
gas?	DEC	AE OF EASED or print)	FREDERI		Middle CARROLL	TASKE		4. DATE OF DEATH	DECEMI		Doy 9	Year 19 57
	5. SEX	ALE:	6. COLOR OR RACE WHITE	7. MARRI	DIVORCED		7,19	57	9. AGE (In years lost birthday)		1 YEAR IF UNI Doys Hauri	DER 24 HRS
1				FANT	KIND OF BUSINESS OR INI	OUSTRY 11 BIRTHP	ARYLA	or foreign (country)		J.S.A.	T COUNTRY?
I	13. FATI	JACK D	. TASKER			TH.			XANDER	!		
<u></u>	IS. WA	DECEASED EVE	R IN U. S. ARMED FORG	CES? 16. S	37 0 57 77	MR. JAC	K D.	TASK	HAG ER	ERST	ID.	
	18.		ATH [Enter only one co	- 4	e for (o), (b), and (c)]	mes of	wit	1	a		INTERVAL E	ETWEEN D DEATH
		onditions, if o	DUE TO	Co	reheal	2	has		L a De sa	111	From	1 birt
	20	ove rise to i use (a), stating ing couse last.	mmediate Dus TO			<u>UMANU)</u>	- Cong	<u> </u>				_
2	FICATION	PART II. OTH	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO	O THE TERMI	NAL DISEA!	SE CONDITION GIV	EN IN PART	PERF	ORMEDY
d.	20c OR (IF	. ACCIDENT WA CONTRIBUTING EITHER, NOTIFY	S UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b DESC	RIBE HOW INJURY OCCUR	RED (Enter nature o	of injury in f	Port I or Po	rt II of item 18.)			
	WEDICAL 20c	TIME OF INJUR Hour o.m.	Y Month, Day, Yea	While	Not while of work	PLACE OF INJURY (factory, street, affic	(Home, form, a bldg., etc.	, 20f (Cit	y or lown)	(0	ounly)	(Stale)
		. I certify th	at I attended the	decease	~~	185	Z. ta		m the squeet o			
1	AC	TUAL	7,0.1	Sa	ue	un Hay			Street, city or lown,			DATE SIGNED
,		YSICIAN'S ME (Type)						8-1-8-6-			a an an de ser en en efe den	-= fd f
	220. BU	RIAL CREMATIO	12/10	F /57	ROSE HIL				AGERSTON	or county)	(5re	ole)
: 1	23. FUN	J- Me		Head	ADDRESS	mel	240 REC'I	D BY REGIS	1 2 2 2 1 C C C C C C C C C C C C C C C	STRAR'S SIC	SNATURE	ess
, Se	20	28131	11XV5	-)								



13691 **CERTIFICATE OF DEATH** Reg. Dist. No wilh director, PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) g. COUNTY filed Washington o. STATE Md. b. COUNTY Washington MARYLAND hours ofter death. uneral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 3 RURAL and give nearest town) should Hagerstown 1★ Months d. NAME OF HOSP TAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS . IS RESIDENCE 81 ON A FARM? Washington County Hospital YES NO TO NAME OF Middle DATE Last Manth Day Year filled DECEASED (Type or print) DEATH 195 5. SEX 6. COLOR OR RACE B. DATE OF SIRTH 9. AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED etel Months Dovs Hours Min WIDOWED -DIVORCED | 29/1886 popers. 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) House Wife Sabillasville Md. U.S.A. puo carban after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Thaddeus Wastler Alma S. Royer remaye 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ending Nο Jean Thompson. Highfield Md. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and, (c). INTERVAL BETWEEN ONSET AND DEATH ₫. 10 PART I. DEATH WAS CAUSED BY: ÷ MIN **DUE TO** ģ gned by permit. any Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost. **burial-transit** (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED'S YES | NO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month. Day, Year 20d. INJURY OCCURRED (State) (County) Hour o. n. foctory, street, office bldg., etc.) While Not while p. m. at work at work 21. I certify that I attended the deceased from 19____that I last saw the deceased that death occurred at 1 0 PM, from the causes and on the date stated above. alive on ADDRESS (Street, city or town, stole) DATESIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNER 220. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Burial Bethe' Frederick Co. 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNAFORE VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Hagerstown

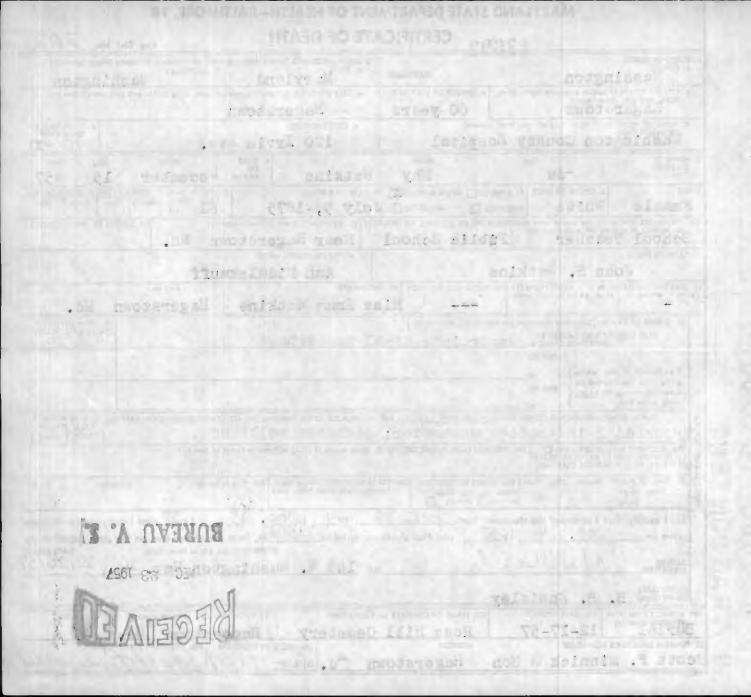
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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

13693 CERTIFICATE OF DEATH

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Red	. D	ist.	No.	30	7 -

1. PLACE OF DEATH a. COUNTY Washington MARYLAND						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Washington							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	Hager	stown		3 Days		X2 W.Main	St.						
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street	address)		d. STREET ADDRESS				e. IS	RESIDENCE N A FARM?		
V		on County	Hos	pital		Hancock	Mary	land.			□ NO □K		
3.	NAME OF DECEASED	Fir		Middle		Last	4. DATE		onth	Day	Year		
	(Type or print)		fie		-	White	DEATH	12	2	18	19 57		
5.	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED		8. DATE OF BIRTH		9. AGE (In year	IF UNDER 1		NDER 24 HRS.		
	M	W	WIDOW	- Labor	level !	6.2.1871		86 yr	Months 19	O Hou	irs Min.		
10	during most of wor	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Stote	or foreign o	ountry)	12. CITIZ	EN OF WH	IAT COUNTRY?		
	Merchant	7	V	ariety Sto	re	Morgan Co	unty	W.VA.		U.S	3.A.		
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME						
	Arthur	L White				Ellen D	igna	n					
15.	WAS DECEASED EV	ER IN U. S. ARMED FOR	CE57 16.	SOCIAL SECURITY NO.	17. IP	VEORMANT			dress				
1	No	[11] OL G 10 10 0 0 00 0 0			A:	rthur White	W.M	ain St.	Hanco	ck We	i.		
		ATH [Enter only one co		ne for (a), (b), and (c).]						INTERVAL	BETWEEN ND DEATH		
	PART I. DE	IMMEDIATE CAUSE (o		remia						72			
	6067	DUE TO											
	Conditions, If any, which by Urinary obstruction								Relieved				
	gave rise to immediate cause (a), stating the under DUE TO												
_	lying cause fost.	, (-		cronary oc						Acute			
N _O			DITIONS	CONTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION G	IVEN IN PART I	(o) 19. W	AS AUTOPSY REORMED?		
3	Seni										□ NO □		
CERTIFICATION	20a. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING COMEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURREC). (Enter noture of injury in f	Part I or Par	t of item IB.)					
MEDICAL	Hour a. j	RY Month, Day, Yes	While		Oe. PLA	CE OF INJURY (Home, form tary, street, office bldg., etc.	20f. (Cir	or town)	(Co	unty)	(Stale)		
	21. 1 certify ti	nat Lattended the	deceas	ed from Dec.	5	, 19 57, ta De	G. 1	S 10 5	7 15-4 1 1-	of amus M	ha daaaaaa		
5	alive an De	20. 18				accurred at 9:00							
1	dive di	Mi		SEL, and India	eam			n the causes freet, city or town		date st	DATE SIGNED		
	ACTUAL	11179/1	1	allmall	1		Same		,,		0/00/		
	SIGNATURE	11000		- Thickey		100 Profe	20 2 4 70	nol And	TO a	**	12/-CU/:		
	PHYSICIAN'S NAME (Type)	P. Walter	Lay	man, M. D.				nar art		5.3	* *		
22	BURIAL, CREMATIC	ON, 226. DATE THEREC	F	22c. NAME OF CEMET	ERY O	CREMATORY	22d. LOCA	TION (City, town,	or county)	(State)		
	Burial Specify	12.21.	57	Rose Hil	1 (Cemetery	Ham	erstown	Washi	nata	m Ma		
23.	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			BY REGIS	RAR 245 REG	ISTRAR'S SIGN	ATORE	HI MO.		
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